08/13/2009 16:04

Image# 29934446000

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Othe	r Than An Auth	orized Com	mittee	Of	fice Use Only
NAME OF COMMITTEE (in full)		MAILING LABEL OR PRINT 🗑	Example:If ty over the lines			
AMERICAN SOCIET	Y OF ANESTHESIC		CAL ACTION CO	DMMITTEE		
ADDRESS (number and str	reet) 520 N. N	IORTHWEST HIGH	WAY			
Check if differenthan previously reported. (ACC)	, PARK R	IDGE				60068
2. FEC IDENTIFICATION	ON NUMBER 🔻	CITY	' 🛋		STATEA	ZIPCODE 🛕
C00255752			THIS X	NEW (N) OR	AMEN (A)	IDED
4. TYPE OF REPOR (Choose One) (a) Quarterly Report April 15 Quarterly R July 15 Quarterly R October 15 Quarterly R January 31 Quarterly R January 31 Quarterly R Terminatior (TER)	Report(Q1) deport(Q2) deport(Q3) deport(YE) deport(YE) deport(YE) deport(YE) deport(YE)	port Feb 2 e On: Mar 2	General	ion (12C)	X Aug 20 Sep 20 Oct 20 (General (12G Special (12G Runoff (30R)	Year Only) Dec 20 (M12 (Non-Election Year Only) (M10) Jan 31 (YE) Runoff (12R) in the State of
5. Covering Period	07 01	2009	throu	igh 07	31 2	009
Certify that I have examin	easurer THOM/	AS CONWAY		f it is true, correct	and complete.	
Signature of Treasurer	Electronically Filed I				Date 0.8	13 2009
NOTE : Submission of fals	se, erroneous, or inc	omplete information	may subject the	person signing thi	is Report to the per	nalties of 2 U.S.C 437g.
Office Use						FEC FORM 3X

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/139

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
i.	(a) Cash on Hand January 1 2009 Y Y Y		943984.31
	(b) Cash on Hand at Begining of Reporting Period	982346.70	
	(c) Total Receipts (from Line 19)	159502.42	903434.65
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1141849.12	1847418.96
	Total Disbursements (from Line 31)	50293.48	755863.32
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1091555.64	1091555.64
	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 139

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	138182.00	748919.00
(ii) Unitemized	21261.00	146509.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	159443.00	895428.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	159443.00	895428.50
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	5000.00
7. Other Federal Receipts (Dividends, Interest, etc.)	59.42	3006.15
3. Transfers from Non-Federal and Levin Funds	5	
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	159502.42	903434.65
Total Federal Receipts (subtract Line 18(c) from Line 19)	159502.42	903434.65

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 139

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures(c) Total Operating Expenditures	0.00	0.00
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2.	Transfers to Affiliated/Other Party		
3	Committees	0.00	0.00
Ο.	Federal Candidates/Committeesand Other Political Committees	48500.00	634000.00
4.	Independent Expenditure		
5	(use Schedule E)	0.00	0.00
Ο.	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6	Loan Repayments Made	0.00	0.00
0.	Loan Repayments Made		
	Loans Made Refunds of Contributions To:	0.00	0.00
.0.	(a) Individuals/Persons Other	0.00	0.00
	Than Political Committees		
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	1793.48	121863.32
0	Fodoral Floation Activity (2 LLS C 421(20))		
U.	Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
81.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	50293.48	755863.32
32.	Total Federal Disbursements		
<u>.</u> .	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	50293.48	755863.32

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 139

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	159443.00	895428.50
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	159443.00	895428.50
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 139 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may	v not be sold or used by any pers	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH			
Full Name (Last, First, Middle Initial) BASEM ABDELMALAK			Date of Receipt
Mailing Address FOUNDATION ANE 9500 EUCLID AVE	S. DEPT., E-3		07 01 2009
City	State	Zip Code	Transaction ID: SA11AI.75722
CLEVELAND	OH	44195	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.00
Name of Employer CLEVELAND CLINIC	Occupatio STAFF A	n ANESTHESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		287.00	
Full Name (Last, First, Middle Initial) TIMOTHY AIKEN			Date of Receipt
Mailing Address 3217 BROOKWOOI	O RD		07 10 7 2009
City	State	Zip Code	Transaction ID: SA11Al.75981
BIRMINGHAM	AL	35223	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ANESTHESIOLOGISTS ASSOC., P.C.	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DANIELA ALEXIANU			Date of Receipt
Mailing Address 1310 E BLACKWOC	DD LN		07 01 2009
City	State	Zip Code	Transaction ID: SA11AI.75721
SPOKANE	WA	99223	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.00
Name of Employer PHYSICIAN ANESTHESIA GROU- P, PS	Occupatio ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		287.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>		582.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 139 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MOHAMED ALI	iloiolodiore	TOLITICAL ACTION COM	Date of Receipt
Mailing Address 6087 WOODWAY E	DR.		0 7 2 8 2 0 0 9
City HOUSTON	State TX	Zip Code 77057	Transaction ID: SA11AI.76657 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer GREATER HOUSTON ANESTHESI- OLOGY	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) GUY ALIOTTA Mailing Address 25 KENNEDY DRIV	/E		Date of Receipt
City	State	Zip Code	07 01 2009 Transaction ID: SA11AI.75735
MERIDEN	CT	06450	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer MIDSTATE MEDICAL CENTER	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 581.00]
Full Name (Last, First, Middle Initial) PATRICK ALLAIRE	1		Date of Receipt
Mailing Address 58991 290TH ST.			07 01 2009
City CAMBRIDGE	State IA	Zip Code 50046	Transaction ID: SA11AI.75719
FEC ID number of contributing federal political committee.	C	30046	Amount of Each Receipt this Period 41.00
Name of Employer MCFARLAND CLINIC	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 287.00	
SUBTOTAL of Receipts This Page (optional	l)		374.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 139 (check only one) X 11a 11b 11c 12 13 14 15 16 17			
or for commercial purposes, other than using	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	HESIOLOGISTS POLITICAL ACTION COM	MITTEE			
Full Name (Last, First, Middle Initial) JEFFREY ANDERSON		Date of Receipt			
Mailing Address 7000 FOREST DR.		07 06 2009			
City JOHNSTON	State Zip Code IA 50131	Transaction ID: SA11AI.75761 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer ASSOCIATED ANESTHESIOLOGI- STS, PC	Occupation PHYSICIAN				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]			
Full Name (Last, First, Middle Initial) MARK ANDERSON		Date of Receipt			
Mailing Address 837 N. LAKE SYBE	Mailing Address 837 N. LAKE SYBELIA DR.				
City MAITLAND	State Zip Code FL 32751	Transaction ID: SA11AI.76176			
FEC ID number of contributing federal political committee.	FL 32751	Amount of Each Receipt this Period 250.00			
Name of Employer JLR MEDICAL GROUP	Occupation ANESTHESIOLOGIST				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) MICHAEL ANDREWS		Date of Receipt			
Mailing Address 2938 E HACKAMO	RE ST	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City MESA	State Zip Code AZ 85213	Transaction ID: SA11AI.76667 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer VALLEY ANES CONSULT	Occupation ANESTHESIOLOGIST				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
SUBTOTAL of Receipts This Page (optional	J)	750.00			
	ber only)				

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 139 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma le name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
۷.	Full Name (Last, First, Middle Initial) DAVID ANNAND	7507.11		Date of Receipt
	Mailing Address 6600 COLONIAL FOI	RESTEN		07 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.76292
	KNOXVILLE	TN	37919	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ANES MED ASSOC E TN	Occupation ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
. –	Full Name (Last, First, Middle Initial) DIANNE ANSARI-WINN			Date of Receipt
	Mailing Address 7844 E. 7TH AVE.			07 28 2009
	City	State	Zip Code	Transaction ID: SA11AI.76651
	DENVER	CO	80230	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer PHYSICIAN ANESTH SERV	Occupation ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
_	Full Name (Last, First, Middle Initial) THOMAS ARCARIO			Date of Receipt
	Mailing Address 2237 PEACH LEAF C	T.		07 30 7 7 9 9
	City	State	Zip Code	Transaction ID: SA11AI.76774
	LONGWOOD	<u>FL</u>	32779	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer JLR MEDICAL GROUP		IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify) ▼		500.00	
Г	SUBTOTAL of Receipts This Page (optional)	1		1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 139 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	tatements may not be sold or used by any personame and address of any political committee to sloud of the sold of	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) KAYVAN ARIANI Mailing Address 4007 BERMUDA GRO City LONGWOOD FEC ID number of contributing federal political committee. Name of Employer JLR MED GRP Receipt For: Primary General Other (specify)	VE PL. State Zip Code FL 32779 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) SANJAY ARORA Mailing Address 561 FRANKLIN ST City DENVER FEC ID number of contributing federal political committee. Name of Employer PHYSICIAN ANESTHESIA SERV-ICES, PC Receipt For: Primary General Other (specify)	State Zip Code CO 80218 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) SCOTT ASHCRAFT Mailing Address 3717 BELL ST. City KANSAS CITY FEC ID number of contributing federal political committee. Name of Employer MIDWEST ANESTHESIA ASSOCIATES Receipt For: Primary General Other (specify)	State Zip Code MO 64111 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 1000.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 139 (check only one)			
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	HESIOLOGISTS	S POLITICAL ACTION COM	MITTEE			
Full Name (Last, First, Middle Initial) DOUGLAS BACON			Date of Receipt			
Mailing Address DEPARTMENT OF 200 FIRST STREE)	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City ROCHESTER	State MN	Zip Code 55905	Transaction ID: SA11AI.75702 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		83.00			
Name of Employer MAYO CLINIC COLLEGE OF ME- DICINE	Occupation ANESTH	n ESIOLOGIST				
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 498.00				
Full Name (Last, First, Middle Initial) B. BAKER						
Mailing Address 5000 MONTROSE	ailing Address 5000 MONTROSE BLVD UNIT 16D					
City	State	Zip Code	Transaction ID: SA11AI.76649			
HOUSTON FEC ID number of contributing	TX	77006	Amount of Each Receipt this Period			
federal political committee.	C		250.00			
Name of Employer GREATER HOUSTON ANESTHESI- OLOGY	Occupation ANESTH	n IESIOLOGIST				
Receipt For:	Aggregate	e Year-to-Date ▼				
Primary General Other (specify) ▼		250.00				
Full Name (Last, First, Middle Initial) ARNA BANERJEE	I		Date of Receipt			
Mailing Address DEPARTMENT OF	ANESTHESIA	CRITICAL	0 7 0 1 2 0 0 9			
City	State	Zip Code	Transaction ID: SA11AI.75723			
NASHVILLE FEC ID number of contributing federal political committee.	C	37212	Amount of Each Receipt this Period 83.00			
Name of Employer VANDERBILT UNIVERSITY MED- ICAL CENTER	Occupation PHYSICI	AN				
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	7			
Other (specify) ▼	0 0	581.00				
SUBTOTAL of Receipts This Page (optional	al)		416.00			

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page		2 / 139 12 16
or for	information copied from such Reports and commercial purposes, other than using the AME OF COMMITTEE (In Full)	Statements magne name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contribut	tions
AI	MERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	MITTEE	
1. SH	ıll Name (Last, First, Middle Initial) HAWN BANKS ailing Address 601 NE 36TH ST AP	Т 3407			YYY
Ci <u>M</u>	ty IIAMI	State FL	Zip Code 33137	Transaction ID: SA11AI.7573 Amount of Each Receipt this Per	
	EC ID number of contributing deral political committee.	C		8:	3.00
_	ame of Employer NIVERSITY OF MIAMI eceipt For:	Occupatio PHYSIC	AN		
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 581.00		
C. C.	ull Name (Last, First, Middle Initial) AROLYN BANNISTER ailing Address 5102 CHASTLETON	DRIVE		Date of Receipt	YY
_		07 01 20	0 0 9		
Ci	ty TONE MOUNTAIN	State GA	Zip Code 30087	Transaction ID: SA11AI.7571 Amount of Each Receipt this Per	
FE	EC ID number of contributing deral political committee.	C	30007		3.00
Na El	ame of Employer MORY HEALTHCARE	Occupatio MD	n		
Re	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 581.00		
. <u>D</u> /	ull Name (Last, First, Middle Initial) AVID BARCLAY ailing Address 9308 HIMALAYAS A	/E		Date of Receipt	V
				07 10 20	0 0 9
Ci K	ty ALAMAZOO	State MI	Zip Code 49009	Transaction ID: SA11AI.7589 Amount of Each Receipt this Per	
FE	EC ID number of contributing deral political committee.	C	10000		0.00
	ame of Employer ALAMAZOO ANESTHESIOLOGY	Occupatio ANESTH	n IESIOLOGIST		
Re	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00		
SUB	TOTAL of Receipts This Page (optional)				6.00
тот	AL This Period (last page this line numbe	er only)			

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 139 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMUNICATION (I.E. III)	Statements may he name and add	l y not be sold or used by any persordress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	ESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) JOHN BARNES			Date of Receipt
Mailing Address 8817 E. 109TH PL.			07 24 2009
City	State	Zip Code	Transaction ID: SA11AI.76547
TULSA	OK	74133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1250.00
Name of Employer ASSOCIATED ANESTHESIOLOGI- STS, INC.	Occupation ANESTH	n ESIOLOGIST	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1250.00]
Full Name (Last, First, Middle Initial) JAMES BARTLETT	1		Date of Receipt
Mailing Address 7 LINCOLN PLACE I	DRIVE		07 06 7 2009
City	State	Zip Code	Transaction ID: SA11AI.75766
DES MOINES	IA	50312	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer MEDICAL CENTER ANESTHESIO- LOGISTS, PC	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) RICHARD BARTON			Date of Receipt
Mailing Address 3330 SUNDANCE D	R.		07 23 7 2009
City	State	Zip Code	Transaction ID: SA11AI.76498
BOZEMAN	MT	59715	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer GALLATIN VALLEY ANES	Occupation ANESTH	n ESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			2000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 139 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persithe name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) WILSON BEAMER Mailing Address 5533 HEATHROW I City KNOXVILLE FEC ID number of contributing federal political committee. Name of Employer AMAET	State Zip Code TN 37919 C Occupation	Date of Receipt M M M
Receipt For: Primary General Other (specify)	ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) JOHN BEARD Mailing Address 318 WINFIELD ST		Date of Receipt 0 7 2 2 2 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.76436
SAN FRANCISCO FEC ID number of contributing federal political committee.	CA 94110	Amount of Each Receipt this Period 500.00
Name of Employer ALTA BATES SUMMIT MEDICAL CENTER Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) ALEXANDER BERKOVICH Mailing Address 5323 DUMFRIES		Date of Receipt
	State 7in Code	07 23 2009
City HOUSTON	State Zip Code TX 77096	Transaction ID: SA11AI.76454 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer GHA	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 139 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	ESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) DAVID BETZ			Date of Receipt
Mailing Address 2420 STONEBROO	K DR.		07 16 2009
City	State	Zip Code	Transaction ID: SA11AI.76227
MODESTO	CA	95355	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer SUTTER GOULD MEDICAL GROU- P, INC.	Occupation PHYSICI		7
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00]
Full Name (Last, First, Middle Initial) TIMOTHY BITTENBINDER			Date of Receipt
Mailing Address 5014 ASCOT PARK	WAY		07 01 2009
City	State	Zip Code	Transaction ID: SA11AI.75705
TEMPLE	TX	76502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer SCOTT AND WHITE MEMORIAL HOSPITAL ANES	Occupation PHYSICI		7
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 581.00	
Full Name (Last, First, Middle Initial) MARC BLOOMSTON			Date of Receipt
Mailing Address 52 MEDICAL PARK	EAST DR, SU	ITE 321	07 22 7 2009
City	State	Zip Code	Transaction ID: SA11AI.76399
BIRMINGHAM	AL	35235	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ANESTHESIA GROUP EAST, P C.	Occupation ANESTH	n ESIOLOGIST	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
SUBTOTAL of Receipts This Page (optional			1583.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 139 (check only one) X 11a
or for commercial purposes, other than usin	and Statements may not be sold or used by any persong the name and address of any political committee to THESIOLOGISTS POLITICAL ACTION COMI	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) SRINIVAS BOLLIMPALLI Mailing Address 6344 E PARADISI	E DR	Date of Receipt
City	State Zip Code	0 7 1 0 2 0 0 9 Transaction ID: SA11AI.75999
SCOTTSDALE	AZ 85254	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer VALLEY ANES. CONSULT	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) STEVE BOOZALIS		Date of Receipt
Mailing Address 3751 FARBER ST	-	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.76534
HOUSTON	TX 77005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer GREATER HOUSTON ANESTHESI- OLOGY, P.A.	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MICHAEL BORGES	I	Date of Receipt
Mailing Address 4335 PEBBLE BE	ACH DR	07 31 2009
City	State Zip Code	Transaction ID: SA11AI.76790
STOCKTON	CA 95219	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports an	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 139 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	the name and address of any political committee to	
Full Name (Last, First, Middle Initial) ROBERT BOSSARD Mailing Address 17210 MEADOW T	REE CIR.	Date of Receipt
City	State Zip Code	0 7 2 2 2 0 0 9 Transaction ID: SA11AI.76400
DALLAS FEC ID number of contributing federal political committee.	TX 75248	Amount of Each Receipt this Period 1000.00
Name of Employer PINNACLE ANESTHESIA	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) B. BURKE BRADLEY Mailing Address 7 FLAMINGO ESTA	ATES DDIVE	Date of Receipt
City MISSOURI CITY	State Zip Code TX 77459	Transaction ID: SA11AI.76557 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer GHA	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) BARBARA BRANDOM		Date of Receipt
Mailing Address 1118 KING AVE		07 01 7 2009
City <u>PITTSBURGH</u>	State Zip Code PA 15206	Transaction ID: SA11AI.75708 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer UNIVERSITY OF PITTSBURGH PHYSICIANS Becaint For:	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1125.00	
SUBTOTAL of Receipts This Page (optional	al)	1625.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 139 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal he name and address of any political committee to	solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTH	ESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) DANIEL BREDAR		Date of Receipt
Mailing Address 2222 S. ADAMS ST.		07 / 09 / 2009
City <u>DENVER</u>	State Zip Code CO 80210	Transaction ID: SA11AI.75811 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer PHYSICIAN ANESTHESIA SERV- ICES, P.C.	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) JOHNNY BRIAN Mailing Address PO BOX 2441	I	Date of Receipt
	71.0.1	07 09 2009
City DAVENPORT	State Zip Code IA 52809	Transaction ID: SA11AI.75853 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer ANESTHESIA AND ANALGESIA, P.C.	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C. CURTIS BROWN		Date of Receipt
Mailing Address 457 HOLLY BERRY	CIR	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BLYTHEWOOD	State Zip Code SC 29016	Transaction ID: SA11AI.76317
FEC ID number of contributing federal political committee.	SC 29016	Amount of Each Receipt this Period 1000.00
Name of Employer ANES. CONSULTANTS OF COLU- MBIA	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		2300.00
TOTAL This Period (last page this line numb	•	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 139 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persign the name and address of any political committee the THESIOLOGISTS POLITICAL ACTION COM	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MARC BROWN		Date of Receipt
Mailing Address 212 SUMMER TA City	State Zip Code	0 7 1 9 2 0 0 9 Transaction ID: SA11AI.76328
HEATH FEC ID number of contributing federal political committee.	TX 75032	Amount of Each Receipt this Period 250.00
Name of Employer METRO ANESTHESIA CONSULTA- NTS. LLP Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) PHILLIP BROWN Mailing Address 2916 N ALEXAND	PER LN	Date of Receipt 0 7 3 0 2 0 0 9
City	State Zip Code	Transaction ID: SA11Al.76775
BETHANY FEC ID number of contributing federal political committee.	OK 73008	Amount of Each Receipt this Period 1000.00
Name of Employer NORTHWEST ANESTHESIA, P.C.	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) THOMAS BUCHHEIT		Date of Receipt
	H SYSTEMS MEDNAX REST RD, SUITE 130	07 15 YYYY 2009
City RALEIGH	State Zip Code NC 27619	Transaction ID: SA11AI.76170 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer CRITICAL HEALTH SYSTEMS MEDNAX	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	1500.00

	EDULE A (FEC Form 3X) IZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 139 (check only one) X 11a 11b 11c 12 13 14 15 16 17
_	ormation copied from such Reports and Stommercial purposes, other than using the ME OF COMMITTEE (In Full)	tatements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
AM	ERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE .
A. DEN	Name (Last, First, Middle Initial)			Date of Receipt
Maii — City	ing Address 1478 LOMITA DR	State	Zip Code	0 7 3 0 2 0 0 9 Transaction ID: SA11AI.76746
-	SADENA	CA	91106	Amount of Each Receipt this Period
FEC	ID number of contributing ral political committee.	С		500.00
Nam	ne of Employer	Occupation	n E/RELATIVE	
Rec	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
B. JAM	Name (Last, First, Middle Initial) ES BUESE ing Address 100 W. CALIFORNIA E	BLVD.		Date of Receipt
		01-1-	7'. 01-	07 30 2009
City	SADENA	State CA	Zip Code 91105	Transaction ID: SA11AI.76744 Amount of Each Receipt this Period
FEC	ID number of contributing ral political committee.	C		4500.00
Nam HUI	ne of Employer NTINGTON MEM HOSP	Occupation ANESTH	n IESIOLOGIST	
Rec	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4500.00	
	Name (Last, First, Middle Initial) DERICK BUNKE			Date of Receipt
Mail	ing Address 45 FAWN RUN			07 19 / Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.76320
FEC	ASTONBURY ID number of contributing ral political committee.	CT	06033	Amount of Each Receipt this Period 250.00
<u>ASS</u>	ne of Employer RTFORD ANESTHESIOLOGY SOCIATES eipt For:	Occupation PHYSICI		
	Primary General Other (specify) ▼	, iggi ogaic	250.00	
SUBT	OTAL of Receipts This Page (optional)			5250.00
TOTA	L This Period (last page this line number	only)	······································	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 139 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per see name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) BRIAN BURNBAUM Mailing Address 1260 MANOR DR S City	State Zip Code	Date of Receipt 0 7 1 3 2 0 0 9 Transaction ID: SA11AI.76075
WESTON FEC ID number of contributing federal political committee.	FL 33326	Amount of Each Receipt this Period 250.00
Name of Employer CLEVELAND CLINIC FLORIDA Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) CINDY CALDER Mailing Address 2411 FOUNTAIN VIE	W DR STE 200	Date of Receipt 0 7 2 2 2 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.76440
HOUSTON FEC ID number of contributing federal political committee.	TX 77057	Amount of Each Receipt this Period 250.00
Name of Employer GREATER HOUSTON ANESTHESI- OLOGY Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) BRIAN CAMPBELL		Date of Receipt
Mailing Address 418 MEADOWBROC	K LANE	07 27 2009
City BIRMINGHAM	State Zip Code AL 35213	Transaction ID: SA11AI.76620 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer ANESTHESIA RESOURCES MANG- EMENT Receipt For:	Occupation ANESTHESIOLOGIST	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports a	Use separate schedule(s) for each category of the Detailed Summary Page nd Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 22 / 139 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	g the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CHARLES CAMPBELL Mailing Address 1410 BLANDING S	ST., #1	Date of Receipt
City COLUMBIA	State Zip Code SC 29201	Transaction ID: SA11AI.76384 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer CRITICAL HEALTH SYSTEMS OF SC Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation ANESTHESIOLOGISTS Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ENRICO CAMPORESI Mailing Address 459 SEVERN AVE		Date of Receipt 0 7 1 0 2 0 0 9
City TAMPA FEC ID number of contributing federal political committee.	State Zip Code FL 33606	Transaction ID: SA11AI.75921 Amount of Each Receipt this Period 500.00
Name of Employer UNIVERSITY OF SOUTH FLORI- DA Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) KEITH CANDIOTTI Mailing Address 940 S SHORE DR		Date of Receipt
City MIAMI	State Zip Code FL 33141	Transaction ID: SA11AI.76166 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer UNIVERSITY OF MIAMI MILL- ER SCHOOL OF Receipt For:	Occupation PHYSICIAN	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (options	al)	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 139 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JUAN CARDENAS Mailing Address 11130 QUEENS WA' City CARMEL FEC ID number of contributing federal political committee. Name of Employer NORTHSIDE ANESTHESIA SERV-ICES LLC Respired Foreign	State IN C Occupation ANESTH	IESIOLOGIST	Date of Receipt 0 7 1 0 2 0 0 9 Transaction ID: SA11AI.75948 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) CHRISTEL CARLSON	Aggregate	Year-to-Date ▼ 250.00	Date of Receipt
CHRISTEL CARLSON Mailing Address 10710 S SHERMAN City SPOKANE FEC ID number of contributing federal political committee. Name of Employer PHYSICIAN ANESTHESIA GROUP Receipt For: Primary General Other (specify)	State WA C Occupation ANESTH	Zip Code 99224 n IESIOLOGIST e Year-to-Date 415.00	Transaction ID: SA11AI.75692 Amount of Each Receipt this Period 83.00
Full Name (Last, First, Middle Initial) NORMAN CARVALHO Mailing Address 1615 NW 27TH TER City GAINESVILLE FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF FLORIDA COLLEGE OF MED D Receipt For: Primary General Other (specify)	State FL C Occupation RESIDE		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)			583.00

SCHEDULE A (FE ITEMIZED RECEIF	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 139 (check only one) X
or for commercial purposes,	other than using the name and ac	ay not be sold or used by any persoddress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE AMERICAN SOCIET	,	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Mi ANTHONY CECCHINI	ddle Initial)		Date of Receipt
Mailing Address 3300	BROOKSIDE DR		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City DOTHAN	State AL	Zip Code 36303	Transaction ID: SA11AI.76127 Amount of Each Receipt this Period
FEC ID number of contrib federal political committee	puting	30303	500.00
Name of Employer DOTHAN ANESTHESIC OCIATES P.C.	DLOGY ASS- Occupation ANESTI	on HESIOLOGIST	
Receipt For: Primary G Other (specify) ▼	eneral Aggregat	te Year-to-Date ▼ 500.00	
Full Name (Last, First, Mi JAMES CHANEY	ddle Initial)		Date of Receipt
Mailing Address 3452	OAK CANYON DRIVE		07 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BIRMINGHAM	State AL	Zip Code 35243	Transaction ID: SA11AI.75982 Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			500.00
Name of Employer ANESTHESIOLOGISTS	ASSOC Occupation ANESTI	on HESIOLOGIST	
Receipt For: Primary Other (specify) ▼	eneral Aggregat	te Year-to-Date ▼ 500.00	
Full Name (Last, First, Mi	ddle Initial)		Date of Receipt
Mailing Address 1319	S.9TH ST.		07 01 YYYYY 2009
City FARGO	State ND	Zip Code 58103	Transaction ID: SA11AI.75711
FEC ID number of contrib federal political committee	outing	36103	Amount of Each Receipt this Period 41.00
Name of Employer MERITCARE MEDICAL	GROUP Occupation ANESTI	on HESIOLOGIST	
Receipt For: Primary Other (specify) ▼	eneral Aggregat	te Year-to-Date ▼ 287.00	
SUBTOTAL of Receipts Th	is Page (optional)		1041.00
TOTAL This Period (last pa	age this line number only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	foi	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 25 / 139 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	the name and address	of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) SAMUEL CHERRY Mailing Address 149 LUCERNE BLV	/D.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City BIRMINGHAM FEC ID number of contributing federal political committee.		Zip Code 35209	Transaction ID: SA11AI.75690 Amount of Each Receipt this Period 83.00
Name of Employer UNIVERSITY OF ALABAMA MED- ICAL CENTER D Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIC Aggregate Year	DLOGIST - ASST PROF to-Date ▼	
Full Name (Last, First, Middle Initial) ELMER CHOI Mailing Address 11773 HOLLYVIEW	/ DRIVE		Date of Receipt 0 7
City		Zip Code	Transaction ID: SA11AI.76390
GREAT FALLS FEC ID number of contributing federal political committee.	C	22066	Amount of Each Receipt this Period 250.00
Name of Employer FAIRFAX ANESTHESIA ASSOCI- ATES, INC Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year	to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) HOWARD CLARK			Date of Receipt
Mailing Address 4227 S MERIDIAN	STE C-152		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City PUYALLUP		Zip Code 98373	Transaction ID: SA11AI.75750 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer RAA	Occupation MD		
Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	l)		433.00

			_	
	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 26 / 139 (check only one)
•	I EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12 17 13 14 15 16 17
A	ny information copied from such Reports and Star r for commercial purposes, other than using the na	tements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIG		POLITICAL ACTION COM	AITTEE
/		OLOGIST	5 FOLITICAL ACTION COM	WITTEE
A.	Full Name (Last, First, Middle Initial) SCOTT CLARK			Date of Receipt
	Mailing Address 2704 ROYSTER CT.			07 15 2009
	City	State	Zip Code	Transaction ID: SA11AI.76150
	VIRGINIA BEACH	VA	23454	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ATLANTIC ANESTHESIA, INC.	Occupation ANESTH	n ESIOLOGIST	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	0 0	500.00	
_ В.	Full Name (Last, First, Middle Initial) DAVID COHEN			Date of Receipt
	Mailing Address 32630 BINGHAM RD			07 / 25 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.76563
	BINGHAM FARMS	MI	48025	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer SOUTH OAKLAND ANESTHESIA ASSOCIATES	Occupation PHYSICI		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		500.00	
с. С.	Full Name (Last, First, Middle Initial) PETER COLES			Date of Receipt
	Mailing Address 900 PEELER ST. P.O. BOX 4095			07 22 7 2009
	City KALAMAZOO	State MI	Zip Code 49003	Transaction ID: SA11AI.76406 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	+3000	500.00
	Name of Employer KALAMAZOO ANESTHESIOLOGY, P.C.	Occupation ANESTH	n ESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)		·····	1500.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE Full Name (Last, First, Middle Initial) BRIAN COMPTON Mailing Address 3919 WOODCREST CT City State Zip Code IN 46062 FEC ID number of contributing federal political committee. Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) BRIAN COMPTON ANGESTHESIA SERV- Cocupation ANESTHESIOLOGIST City State Zip Code ANGESTHESIOLOGIST Occupation ANESTHESIOLOGIST City State Zip Code ANGESTHESIOLOGIST Occupation ANESTHESIOLOGIST City State Zip Code PA 19063 FEC ID number of contributing federal political committee. C Name of Employer ANGESTHESIOLOGIST City State Zip Code PA 19063 FEC ID number of contributing federal political committee. C Name of Employer ANCESTHESIA SERVICES PA 19063 FEC ID number of contributing federal political committee. C Name of Employer ANCESTHESIA SERVICES PHYSICIAN Aggregate Year-to-Date ▼ Transaction ID: SA11AI.76675 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial)					
TEMIZED RECEIPTS Decided Summary Page	•	SCHEDULE A (FEC Form 3X)			
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Primary General Other (specify) ▼ Date of Receipt		Name of Employer ANESTHESIA SERVICES			
Cther (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) HUGH COWDIN Mailing Address 74 HINES FARM RD. City State Zip Code CRANSTON RI 02921 FEC ID number of contributing federal political committee. Name of Employer PROVIDENCE ANESTHESIOLOGI-STS, INC. Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Aggregate	e Year-to-Date ▼	
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Name of Employer Occupation ANESTHESIOLOGIST STS, INC. Receipt For: Primary General Other (specify) ▼ 250.00 1000.00		CRANSTON	RI	02921	Amount of Each Receipt this Period
STS, INC. Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			C		250.00
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Name of Employer PROVIDENCE ANESTHESIOLOGI- STS, INC.			
SUBTOTAL of Receipts This Page (optional)		Receipt For: Primary General	Aggregate		
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 139 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	Statements may not be sold or used by any person name and address of any political committee to SIOLOGISTS POLITICAL ACTION COM	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOHN CRECCA Mailing Address 3731 REYNOLDS ST. City LARAMIE FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA ASSOCIATES OF LARAMIE Receipt For: Primary General Other (specify)	State Zip Code WY 82072 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) ANDREW CRELL Mailing Address 338 ESTATES DR City CAMDEN WYOMING FEC ID number of contributing federal political committee. Name of Employer ASPA Receipt For: Primary General Other (specify)	State Zip Code DE 19934 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) MICHAEL CROCKER Mailing Address 5636 S HELENA CT City CENTENNIAL FEC ID number of contributing federal political committee. Name of Employer METRO DENVER ANES. Receipt For: Primary General Other (specify)	State Zip Code CO 80015 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 139 (check only one) X
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AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	5 POLITICAL ACTION COM	IVIIIIEE
Full Name (Last, First, Middle Initial) CHRISTINE CULLEN			Date of Receipt
Mailing Address 920 CHURCH ST N			07 31 2009
City	State	Zip Code	Transaction ID: SA11AI.76811
CONCORD	NC	28025	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer NE ANES & PAIN SPEC	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) B. WILL CURTIS			Date of Receipt
Mailing Address 421 W 3RD ST APT 1	1910		07 31 2009
City	State	Zip Code	Transaction ID: SA11AI.76784
AUSTIN	TX	78701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer AUSTIN ANESTHESIOLOGY GRO- UP	Occupation ANESTH	n SIOLOGIS	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) JOHN DAVIS			Date of Receipt
Mailing Address 517 MERRIMANS LA	NE		07 17 2009
City	State	Zip Code	Transaction ID: SA11AI.76289
WINCHESTER	VA	22601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer WINCHESTER ANESTHESIOLOGI- STS INC.	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Receipt For: Primary General	Aggregate	Year-to-Date ▼ 250.00	129

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 139 (check only one) X 11a 11b 11c 12 13 14 15 16 17
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	AMERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) EDWARD DEFREITAS			Date of Receipt
	Mailing Address 2010 59TH ST WEST,	#5600		07 27 2009
	City	State	Zip Code	Transaction ID: SA11AI.76607
	BRADENTON FEC ID number of contributing federal political committee.	FL C	34209	Amount of Each Receipt this Period 250.00
	Name of Employer WEST FLORIDA ANES CONSULT	Occupation	on HESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) THOMAS DELANEY	!		Date of Receipt
	Mailing Address 214 MILL LANE RD			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City LYNCHBURG	State VA	Zip Code 24503	Transaction ID: SA11AI.75843 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer LYNCHBURG GENERAL HOSPITAL DEPT. OF AN	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
_ C.	Full Name (Last, First, Middle Initial) DAMIAN DELEON	l		Date of Receipt
	Mailing Address 27 CREEKBEND DR			07 17 2009
	City BROWNSVILLE	State TX	Zip Code 78521	Transaction ID: SA11AI.76264 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer SELF-EMPLOYED	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 139 (check only one) X 11a 11b 11c 12 13 14 15 16 1
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` '	IESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) GEORGE DENFIELD		Date of Receipt
Mailing Address 6435 EDLOE ST.		07 31 2009
City	State Zip Code	Transaction ID: SA11AI.76850
HOUSTON FEC ID number of contributing	TX 77005	Amount of Each Receipt this Period 250.00
federal political committee.		
Name of Employer GREATER HOUSTON ANESTHESI- OLOGY	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 3009 CASON ST		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.76388
HOUSTON	TX 77005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer GREATER HOUSTON ANESTHESI- OLOGY	Occupation ANESTHESIOLOGIST	1
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
Full Name (Last, First, Middle Initial) LOUIS DEWILD		Date of Receipt
Mailing Address 1215 PLEASANT S	T., #400	M M / D D / Y Y Y Y Y Y O D D / Y D D D / Y D D D D D D D D D D D
City	State Zip Code	Transaction ID: SA11AI.75758
DES MOINES	IA 50309	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ASSOCIATED ANESTHESIOLOGI- STS	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
		1000.00
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SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 139 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any per g the name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) SUKHJINDER DHOTHER Mailing Address 4034 TURNBERR		Date of Receipt
City HOUSTON	State Zip Code TX 77025	Transaction ID: SA11AI.76444 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer GHA Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 400.00	
Full Name (Last, First, Middle Initial) SALVADOR DIAZ Mailing Address 3211 NORFOLK S APT 23107	ST	Date of Receipt 0 7 0 0 0 7 2 9 2 0 0 9
City HOUSTON	State Zip Code TX 77098	Transaction ID: SA11AI.76712 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer GHA	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MITCHELL DICKSON Mailing Address 5315 BENT RIVER	R BLVD.	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City KNOXVILLE	State Zip Code TN 37919	Transaction ID: SA11AI.75944 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer AMAET	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
CURTOTAL of Descripto This Descriptor	al)	1150.00

NAME OF COMMITAMERICAN SOCIAL PROPERTY OF MAILING ADDRESS TO STATE OF THE PROPERTY	CIETY OF ANESTHESIONS, Middle Initial) BOOD BIRD AVE UNIT 1 DVE Contributing mittee. MIAMI General ()	State FL C Occupatior ANESTH	Zip Code 33133	Date of Receipt Date of Receipt Transaction ID: SA11AI.75734 Amount of Each Receipt this Period 83.00
Full Name (Last, Fir CHRISTIAN DIEZ Mailing Address 3 City COCONUT GRO FEC ID number of of federal political com Name of Employer UNIVERISTY OF M Receipt For: Primary Other (specify Full Name (Last, Fir IGNATIUS DISTEFAL Mailing Address 3 City HOUSTON FEC ID number of of the company	BOOO BIRD AVE UNIT 1 DVE contributing mittee. MIAMI General	State FL C Occupation ANESTH	Zip Code 33133	Date of Receipt 0 7 0 1 2 0 0 9 Transaction ID: SA11AI.75734 Amount of Each Receipt this Period
CHRISTIAN DIEZ Mailing Address City COCONUT GRO FEC ID number of of federal political com Name of Employer UNIVERISTY OF M Receipt For: Primary Other (specify Full Name (Last, Fire IGNATIUS DISTEFAL Mailing Address City HOUSTON FEC ID number of of the second se	BOOO BIRD AVE UNIT 1 DVE contributing mittee. MIAMI General	State FL C Occupation ANESTH	33133 I ESIOLOGIST	Transaction ID: SA11AI.75734 Amount of Each Receipt this Period
City COCONUT GRO FEC ID number of of federal political come universely of the composition	DVE contributing mittee. MIAMI General	State FL C Occupation ANESTH	33133 I ESIOLOGIST	Transaction ID: SA11AI.75734 Amount of Each Receipt this Period
COCONUT GRO FEC ID number of of federal political com Name of Employer UNIVERISTY OF M Receipt For: Primary Other (specify) Full Name (Last, Fir IGNATIUS DISTEFAL Mailing Address City HOUSTON FEC ID number of of	contributing mittee. //IAMI General	C Occupation ANESTH	33133 I ESIOLOGIST	Amount of Each Receipt this Period
FEC ID number of of federal political com Name of Employer UNIVERISTY OF M Receipt For: Primary Other (specify) Full Name (Last, Fir IGNATIUS DISTEFAL Mailing Address City HOUSTON FEC ID number of of	contributing mittee. //IAMI General	Occupation ANESTH	ESIOLOGIST	
Full Name (Last, Fir IGNATIUS DISTEFAL Mailing Address City HOUSTON FEC ID number of of	MIAMI General () ▼	Occupation ANESTH	ESIOLOGIST	83.00
Receipt For: Primary Other (specify Full Name (Last, Fin IGNATIUS DISTEFAL Mailing Address City HOUSTON FEC ID number of of	General /)	ANESTH	ESIOLOGIST	
Primary Other (specify Full Name (Last, Fire IGNATIUS DISTEFAL) Mailing Address City HOUSTON FEC ID number of other interests in the second s	/) ▼	Aggregate	Year-to-Date ▼	
Full Name (Last, Fir IGNATIUS DISTEFAL Mailing Address 3) City HOUSTON FEC ID number of o				7
IGNATIUS DISTEFAL Mailing Address City HOUSTON FEC ID number of o			581.00	
City HOUSTON FEC ID number of c				Date of Receipt
HOUSTON FEC ID number of o	8604 CARNEGIE			07 28 2009
FEC ID number of o		State	Zip Code	Transaction ID: SA11AI.76697
		TX	77005	Amount of Each Receipt this Period
federal political com		C		250.00
Name of Employer GREATER HOUST	ΓΟΝ ANESTHESI-	Occupation	ESIOLOGIST	
OLOGY Receipt For:			Year-to-Date ▼	_
Primary Other (specify	General () ▼		250.00	
Full Name (Last, Fir				Date of Receipt
	667 ESTATES PL.			07 15 2009
City		State	Zip Code	Transaction ID: SA11AI.76156
LONGWOOD		FL	32779	Amount of Each Receipt this Period
FEC ID number of of federal political com		C		500.00
Name of Employer JLR MEDICAL GR	OUP	Occupation ANESTH	SSIOLOGIST	
Receipt For: Primary	General	-	Year-to-Date ▼	7
Other (specify	/) ▼		500.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 139 (check only one) X 11a
NAME OF COMMITTEE (In Full)		person for the purpose of soliciting contributions see to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	HESIOLOGISTS POLITICAL ACTION C	OMMITTEE
PATRICK DOOLEY Mailing Address 5300 BENT RIVER	BLVD.	Date of Receipt 0 7 2 7 2 0 0 9
City KNOXVILLE	State Zip Code TN 37919	Transaction ID: SA11AI.76631 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer FORT SANDERS ANESTHESIA	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) CHRISTINE DOYLE		Date of Receipt
Mailing Address 2077 WALNUT GR	OVE AVENUE	07 23 2009
City	State Zip Code	Transaction ID: SA11AI.76524
SAN JOSE FEC ID number of contributing federal political committee.	CA 95128	Amount of Each Receipt this Period 250.00
Name of Employer COAST ANESTHESIA MEDICAL GROUP	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) VICTOR DUDZIK		Date of Receipt
Mailing Address 2616 WHITCHURC	H LANE	07 09 2009
City NAPERVILLE	State Zip Code IL 60564	Transaction ID: SA11AI.75793
FEC ID number of contributing federal political committee.	IL 60564	Amount of Each Receipt this Period 500.00
Name of Employer DUPAGE VALLEY ANESTHESIOL- OGISTS	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional) N	1150.00

	JLE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 139 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for comme	on copied from such Reports and St ercial purposes, other than using the COMMITTEE (In Full) CAN SOCIETY OF ANESTHES	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. EDDY DU Mailing Ad City DOUGL FEC ID not federal pool Name of ECOFFEE CENTER Receipt F Prin	AS umber of contributing litical committee. Employer REGIONAL MEDICAL or:	State GA C Occupatio PHYSICI Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
DANA DU Mailing Ac City OKEMO FEC ID not federal pool Name of ELANSING Receipt F	ddress 4008 SHOALS DR. Sumber of contributing litical committee. Employer ANESTHESIA P.C.		Zip Code 48864	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City PINELL FEC ID not federal pool Name of EFLORIDA AS Receipt F	or:	State FL C Occupatio ANESTH	Zip Code 33782 n IESIOLOGIST e Year-to-Date ▼ 500.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL	of Receipts This Page (optional)			1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 139 (check only one) X 11a 11b 11c 12
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may not be sold or used by any persong the name and address of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	HESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) GARETH EBERLE		Date of Receipt
Mailing Address 7380 KINNIKINNIC	CK DR.	07
City	State Zip Code	Transaction ID: SA11AI.76019
ROSCOE	IL 61073	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ROCKFORD HEALTH PHYSICIANS	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) 3. JOHN EDWARDS	L	Date of Receipt
Mailing Address 1075 WOODBINE	CIR W	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11Al.76277
GALESBURG	IL 61401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) SCOTT EDWARDS		Date of Receipt
Mailing Address 679 OLDE SALT F	RUN	07 10 2009
City	State Zip Code	Transaction ID: SA11AI.75966
MOUNT PLEASANT FEC ID number of contributing federal political committee.	SC 29464 C	Amount of Each Receipt this Period 500.00
Name of Employer ANESTHESIA SERVICES OF CH- ARLESTON	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	al)	1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 139 (check only one) X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	HESIOLOGISTS POLITICAL ACTION COMI	MITTEE
Full Name (Last, First, Middle Initial) MICHAEL ELLIOTT		Date of Receipt
Mailing Address 501 20TH ST #606		07 28 YYYY 2009
City	State Zip Code	Transaction ID: SA11AI.76671
KNOXVILLE	TN 37916	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ANES MED ALLI E TN	Occupation ANESTHESIOLOGIST	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)	1	Date of Receipt
Mailing Address 2411 FOUNTAINVI	EW, #200	M M / D D / Y Y Y Y Y Y O O O O O O O O O O O O O
City	State Zip Code	Transaction ID: SA11AI.76438
HOUSTON	TX 77057	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer GREATER HOUSTON ANESTHESI- OLOGY, PA	Occupation STAFF ANESTHESIOLOGIST	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) SKIP FARR		Date of Receipt
Mailing Address 501 20TH ST., #60	6	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.76200
KNOXVILLE	TN 37916	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer AMAET, P.C.	Occupation ANESTHESIOLOGIST	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)b	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 139 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal ename and address of any political committee to SIOLOGISTS POLITICAL ACTION COM	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JAMES FAUST Mailing Address 1029 59TH ST. City WEST DES MOINES FEC ID number of contributing federal political committee. Name of Employer ASSOC ANESTH Receipt For: Primary General Other (specify)	State Zip Code IA 50266 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 501.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) RANDALL FELDER Mailing Address #8 CLOISTER PARKY City AMARILLO FEC ID number of contributing federal political committee. Name of Employer LONE STAR ANESTHESIA CONS- ULTANTS Receipt For: Primary General Other (specify)	State Zip Code TX 79121 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) PAUL FELLENBAUM Mailing Address 12 STONINGHAM DF City WARREN FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA CONSULTANTS OF NJ, LLP Receipt For: Primary General Other (specify)	State Zip Code NJ 07059 C Occupation PHYSICIAN Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		1251.00

Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES Full Name (Last, First, Middle Initial) MELVIN FERLITA Mailing Address 320 JADE CT. City MADISONVILLE FEC ID number of contributing federal political committee.	e name and add	dress of any political committee to	Date of Receipt MITTEE Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) MELVIN FERLITA Mailing Address 320 JADE CT. City MADISONVILLE FEC ID number of contributing federal political committee.	State LA	Zip Code	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
MELVIN FERLITA Mailing Address 320 JADE CT. City MADISONVILLE FEC ID number of contributing federal political committee.	C		Transaction ID: SA11AI.76476 Amount of Each Receipt this Period
City MADISONVILLE FEC ID number of contributing federal political committee.	C		Transaction ID: SA11AI.76476 Amount of Each Receipt this Period
MADISONVILLE FEC ID number of contributing federal political committee.	C		Transaction ID: SA11AI.76476 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70447	
federal political committee.			050.00
	Occupation		250.00
Name of Employer APMC	PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) GARY FISCHER	<u> </u>		Date of Receipt
Mailing Address 40 TIMBER RIDGE TF	RAIL		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.76430
LORENA	TX	76655	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer MID TEX ANESTHESIA	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) RICHARD FLOWERDEW			Date of Receipt
Mailing Address 38 HEDGEROW DR.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.75710
FALMOUTH	ME	04105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer SPECTRUM MEDICAL GROUP	Occupation ANESTH	n ESIOLOGIST	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		581.00]
SUBTOTAL of Receipts This Page (optional)	<u> </u>		583.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 139 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any per g the name and address of any political committee	rson for the purpose of soliciting contributions
AMERICAN SOCIETY OF ANEST	HESIOLOGISTS POLITICAL ACTION CO	MMITTEE
Full Name (Last, First, Middle Initial) GARY FLUSCHE Mailing Address 3705 MEDICAL Pt	ΥΥ., #570	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City AUSTIN	State Zip Code TX 78705	Transaction ID: SA11AI.76643 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer CAPITOL ANESTHESIOLOGY AS- SOCIATION Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) BARRY FOLEY Mailing Address P.O. BOX 940127	•	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MAITLAND	State Zip Code FL 32794	Transaction ID: SA11AI.76364 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 32737	250.00
Name of Employer JLR MEDICAL GROUP	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) STEVEN FORD Mailing Address 4052 SANTA BAR	BARA DR	Date of Receipt 0 7 1 2 2 0 0 9
City DALLAS	State Zip Code TX 75214	Transaction ID: SA11AI.76066 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer SELF	Occupation ANESTHESIOLOGISTS	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	al)	1250.00
TOTAL This Period (last page this line nur	nber only)	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 139 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	IESIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) REX FOSTER			Date of Receipt
Mailing Address 2357 TREEHAVEN	DR		07 22 2009
City SNELLVILLE	State GA	Zip Code 30078	Transaction ID: SA11AI.76410 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30070	250.00
Name of Employer PHYSICIAN SPECIALISTS IN ANES.	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DEANNA FOX			Date of Receipt
Mailing Address 8513 ROSEHILL RI)		0 7 1 0 7 2 0 0 9
City LENEXA	State KS	Zip Code	Transaction ID: SA11AI.75905
FEC ID number of contributing federal political committee.	C	66215	Amount of Each Receipt this Period 500.00
Name of Employer UNIVERSITY OF KANSAS MEDI- CAL CENTER	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) JASON FROST			Date of Receipt
Mailing Address 2604 SWEETBAY D	DR		07 17 2009
City O'FALLON	State MO	Zip Code 63368	Transaction ID: SA11AI.76255 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		700.00
Name of Employer WOODS MILL ANES	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 700.00	
SUBTOTAL of Receipts This Page (optional)		1450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 139 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHI	he name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) NICHOLAS GAGLIANO Mailing Address 723 TAUNTON RD. City WILMINGTON FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA SERVICES, P.A. Receipt For: Primary General	- '	Zip Code 19803 n IESIOLOGIST e Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) JOSEPH GALASSI Mailing Address 193 LILAC DR. City ALLENTOWN FEC ID number of contributing federal political committee.	State PA	Zip Code 18104	Date of Receipt M M M / D D / Y Y Y Y Y 0 7 2 1 2 0 0 9 Transaction ID: SA11AI.76393 Amount of Each Receipt this Period 500.00
Name of Employer ALLENTOWN ANESTHESIA ASSO- CIATES Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) GLORIA GARCIA Mailing Address 1415 HOUNDS HOL	Aggregate	n IESIOLOGIST e Year-to-Date ▼ 500.00	Date of Receipt
City LUTZ FEC ID number of contributing federal political committee. Name of Employer UNICOM ANESTHESIA Receipt For: Primary General Other (specify)	- ' '	Zip Code 33549 n IESIOLOGIST e Year-to-Date ▼	Transaction ID: SA11AI.76235 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 139 (check only one) X 11a
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persue name and address of any political committee to ESIOLOGISTS POLITICAL ACTION COM	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) RICHARD GIVEN Mailing Address 91 GIRARD AVE. City HARTFORD FEC ID number of contributing federal political committee. Name of Employer MILFORD ANESTHESIOLOGY Receipt For: Primary General Other (specify)	State Zip Code CT 06105 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) PATRICE GOGGINS Mailing Address 4561 OLDE PERIME City ATLANTA FEC ID number of contributing federal political committee. Name of Employer AMBULATORY ANES ATLANTA Receipt For: Primary General Other (specify)	TER WAY, #2304 State Zip Code GA 30346 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) MICHAEL GOLDFINE Mailing Address 811 N TAYLOR ST City PHILADELPHIA FEC ID number of contributing federal political committee. Name of Employer MIDDLETOWN ANESTHESIA Receipt For: Primary General Other (specify)	State Zip Code PA 19130 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 139 (check only one) X
C	uny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mane name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	ESIOLOGIST	S POLITICAL ACTION COM	MITTEE
۸.	Full Name (Last, First, Middle Initial) JERRY GONZALES Mailing Address 200 WHISPERING B			Date of Receipt
		BROOK WAY		07 / 29 / 2009
	City MEDIA	State PA	Zip Code 19063	Transaction ID: SA11AI.76722 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	19003	500.00
	Name of Employer UNITED ANESTHESIA SERVICES	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
 3.	Full Name (Last, First, Middle Initial) SUSAN GOOBIE			Date of Receipt
	Mailing Address 6 GODDU AVE			07 01 2009
	City	State	Zip Code	Transaction ID: SA11AI.75743
	WINCHESTER FEC ID number of contributing federal political committee.	C	01890	Amount of Each Receipt this Period -300.00
	Name of Employer ERROR S/B ASA DUES	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ -300.00	
- ;.	Full Name (Last, First, Middle Initial) MICHAEL GORDON			Date of Receipt
	Mailing Address 660 GRINDAN DRIV	E		07 10 Y Y Y Y Y Y Y Y
	City YARDLEY	State PA	Zip Code 19067	Transaction ID: SA11AI.75901 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer HAMILTON ANESTHESIA ASSOC- IATES	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
		1		450.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of or for commercial purposes, other than using the name and address of any political committee to solicit contributions NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) ANDREW GORLIN Mailing Address 6 4TH STREET PL APT 31 City State Zip Code CAMBRIDGE MA 02141 FEC ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ State Zip Code Transaction Amount of Ea Primary General Other (specify) ▼ State Zip Code Transaction Amount of Ea PEC ID number of contributing federal political committee. City State Zip Code Transaction Amount of Ea Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) AMES & Palin Might Ames Guo Mailing Address 2411 FOUNTAIN VIEW DR STE 200 Transaction	PAGE 45 / 139
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) ANDREW GORLIN Mailing Address 6 4TH STREET PL APT 31 City State Zip Code CAMBRIDGE MA 02141 FEC ID number of contributing federal political committee. Name of Employer Occupation RESIDENT Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) JEFFREY GRAHAM Mailing Address 6320 LAKE VISTA DR City State Zip Code AL 35406 Transaction Amount of Ex Transaction Amount of Ex Apgregate Year-to-Date ▼ Transaction Amount of Ex Date of Receipt For: Primary General Occupation ANNESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ Cocupation ANNESTHESIOLOGIST Aggregate Year-to-Date ▼ Date of Receipt For: Primary General Occupation ANNESTHESIOLOGIST Aggregate Year-to-Date ▼ Date of Receipt For: Primary General Occupation ANNESTHESIOLOGIST Aggregate Year-to-Date ▼ Date of Receipt For: Primary General Occupation Amount of Ex Transaction Transaction Amount of Ex Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction	14 15 16 16 of soliciting contributions s from such committee.
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CAMBRIDGE FEC ID number of contributing federal political committee. Name of Employer MGH Receipt For: Primary General Other (specify) ▼ City State Zip Code Transaction TUSCALOOSA AL 35406 FEC ID number of contributing federal political committee. Name of Employer ANESS & PAIN MGMT Receipt For: Primary General Other (specify) ▼ City State Zip Code Transaction Amount of Each Polyer ANESS & PAIN MGMT Receipt For: Primary General Other (specify) ▼ City State Zip Code Transaction Amount of Each Polyer ANESS & PAIN MGMT Receipt For: Primary General Other (specify) ▼ City State Zip Code Transaction Amount of Each Polyer ANESS & PAIN MGMT Receipt For: Primary General Other (specify) ▼ City State Zip Code Transaction TX 77057 City State Zip Code Transaction TX 77057 Amount of Each Polyer General TX 77057 Amount of Each Polyer General TX 77057 Amount of Each Polyer General Coccupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼	0 9 2 0 0 9 ID: SA11AI.75851
FEC ID number of contributing federal political committee. Name of Employer MGH Receipt For: Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) JEFFREY GRAHAM Mailing Address 6320 LAKE VISTA DR City State Zip Code Tuscal committee. Name of Employer ANES & PAIN MGMT Receipt For: Primary General Other (specify) ▼ Coccupation ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) JAMES GUO Mailing Address 2411 FOUNTAIN VIEW DR STE 200 City State Zip Code Transaction Anesthesial Code Transaction Date of Receipt For: Primary General Other (specify) ▼ Date of Receipt For: Primary General Other (specify) ▼ Coccupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Transaction Date of Receipt For: Aggregate Year-to-Date ▼ Transaction Amount of Each Of Receipt For: Amount of Each Of Receipt For: Amount of Each Of Receipt For: Aggregate Year-to-Date ▼ Transaction Amount of Each Of Receipt For: Aggregate Year-to-Date ▼	ach Receipt this Period
Receipt For: Primary	250.00
Primary General Other (specify) ▼	
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FEC ID number of contributing federal political committee. Name of Employer ANES & PAIN MGMT Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) JAMES GUO Mailing Address 2411 FOUNTAIN VIEW DR STE 200 City State Zip Code Transaction HOUSTON TX 77057 FEC ID number of contributing federal political committee. Name of Employer GREATER HOUSTON ANESTHESI-OLOGY Receipt For: Aggregate Year-to-Date ▼ Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼	ID: SA11AI.76748
Name of Employer ANES & PAIN MGMT Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date Full Name (Last, First, Middle Initial) JAMES GUO Mailing Address 2411 FOUNTAIN VIEW DR STE 200 City State Tip Code Transaction Amount of Ea Prec ID number of contributing federal political committee. Name of Employer GREATER HOUSTON ANESTHESI- OLOGY Receipt For: Aggregate Year-to-Date ▼ C Cuty City State C Cuty Amount of Ea Cuty Amount of Ea Cuty Amount of Ea Cuty Amount of Ea Aggregate Year-to-Date Aggregate Year-to-Date ▼	ach Receipt this Period
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Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) JAMES GUO Mailing Address 2411 FOUNTAIN VIEW DR STE 200 City State Zip Code HOUSTON TX 77057 FEC ID number of contributing federal political committee. Name of Employer GREATER HOUSTON ANESTHESI-OLOGY Receipt For: Aggregate Year-to-Date ▼	
Other (specify) Full Name (Last, First, Middle Initial) JAMES GUO Mailing Address 2411 FOUNTAIN VIEW DR STE 200 City State Zip Code HOUSTON TX 77057 FEC ID number of contributing federal political committee. Name of Employer GREATER HOUSTON ANESTHESI-OLOGY Receipt For: Aggregate Year-to-Date	
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HOUSTON TX 77057 Amount of Ea FEC ID number of contributing federal political committee. C Name of Employer GREATER HOUSTON ANESTHESI-OLOGY Receipt For: Aggregate Year-to-Date ▼	28 2009
FEC ID number of contributing federal political committee. Name of Employer GREATER HOUSTON ANESTHESI-OLOGY Receipt For: Occupation ANESTHESIOLOGIST ANESTHESIOLOGIST	ID: SA11AI.76701
Name of Employer GREATER HOUSTON ANESTHESI- OLOGY Receipt For: Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼	ach Receipt this Period
OLOGY Receipt For: Aggregate Year-to-Date ▼	500.00
1 139 13411 1 2 1110	
The second of th	
Other (specify) ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 139 (check only one) X		
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	the name and add	dress of any political committee to	solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) JUAN GUTIERREZ-MAZORRA	ILSIOLOGISTS	S FOLITICAL ACTION COM	Date of Receipt		
Mailing Address 1600 SEVENTH AV PEDIATRIC ANEST City			0 7 2 5 2 0 0 9 Transaction ID: SA11AI.76567		
BIRMINGHAM	AL	35233	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		500.00		
Name of Employer PEDIATRIC ANESTHESIA ASSO- CIATES P. C.	 	RIC ANESTHESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) ROBERT HADA			Date of Receipt		
Mailing Address 2520 JORDAN GRO	Mailing Address 2520 JORDAN GROVE				
City	State	Zip Code	0 7 2 7 2 0 0 9 Transaction ID: SA11AI.76585		
WEST DES MOINES	IA	50265	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		500.00		
Name of Employer ASSOCIATED ANESTHESIOLOGI- STS	Occupation PHYSICI.	AN			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) PAMELA HANNA			Date of Receipt		
Mailing Address 20800 BETHELWO	OD LN		07 28 2009		
City	State	Zip Code	Transaction ID: SA11AI.76695		
CORNELIUS	NC	28031	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		1000.00		
Name of Employer SE ANES CONSULTANTS	- 	ESIOLOGIST			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00			
SUBTOTAL of Receipts This Page (optional)		2000.00		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 139 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persole name and address of any political committee	
Full Name (Last, First, Middle Initial) SHAREQUE HAQUE Mailing Address 2411 FOUNTAIN VIE City HOUSTON FEC ID number of contributing federal political committee. Name of Employer GREATER HOUSTON ANESTHESI- OLOGY, P.A. Receipt For: Primary General	State Zip Code TX 77057 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	Date of Receipt M M J 22 / 2009 Transaction ID: SA11Al.76418 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) LAWRENCE HARDY Mailing Address 2731 TALBOT City HOUSTON FEC ID number of contributing federal political committee. Name of Employer GREATER HOUSTON ANESTHESI-	State Zip Code TX 77005 C	Date of Receipt M M M
OLOGY Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) LAURENCE HARING Mailing Address 19 BAYVIEW DR.	ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M D D 2 0 0 9
City HUNTINGTON FEC ID number of contributing federal political committee.	State Zip Code NY 11743 C	Amount of Each Receipt this Period 500.00
Name of Employer SELF Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1750.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 139 (check only one) X 11a 11b 11c 12 13 14 15 16 17
_	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
A.	Full Name (Last, First, Middle Initial) SCOTT HARPER Mailing Address 1065 LAKE COLONY I	N		Date of Receipt
	City	State	Zip Code	0 7 1 6 2 0 0 9 Transaction ID: SA11AI.76205
	BIRMINGHAM	AL	35242	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer ARM	Occupation ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
ь В.	Full Name (Last, First, Middle Initial) BENJAMIN HARVEY			Date of Receipt
	Mailing Address 70 MANOR LAKE EST			07 31 2009
	City	State	Zip Code	Transaction ID: SA11AI.76805
	SPRING	TX	77379	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer GREATER HOUSTON ANES		ESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		500.00	
С.	Full Name (Last, First, Middle Initial) JOHN HASEWINKEL			Date of Receipt
	Mailing Address 11615 E. 100 N.			07 23 7 2009
	City SHERIDAN	State IN	Zip Code	Transaction ID: SA11AI.76482
	FEC ID number of contributing federal political committee.	C	46069	Amount of Each Receipt this Period 250.00
	Name of Employer WISHARD ANESTH GRP	Occupation ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
	SUBTOTAL of Receipts This Page (optional)	I		1150.00
-	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	
NAME OF COMMITTEE (In Full)		person for the purpose of soliciting contributions tee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	ESIOLOGISTS POLITICAL ACTION (COMMITTEE
STEVEN HATTAMER Mailing Address 8 PROSPECT STRI	EET	Date of Receipt
City NASHUA	State Zip Code NH 03060	0 7 0 1 2 0 0 9 Transaction ID: SA11AI.75718
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 83.00
Name of Employer NASHUA ANESTHESIA PARTNERS	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 415.00	
Full Name (Last, First, Middle Initial) PETER HAYNAL		Date of Receipt
Mailing Address 1711 RIVER RIDGE	DR.	07 01 2009
City	State Zip Code OH 45370	Transaction ID: SA11AI.75693
SPRING VALLEY FEC ID number of contributing federal political committee.	OH 45370	Amount of Each Receipt this Period 41.00
Name of Employer KETTERING ANESTHESIA ASSO- CIATES	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 287.00	
Full Name (Last, First, Middle Initial) SCOTT HENDERSON		Date of Receipt
Mailing Address 3304 W 121ST TEF	ł	$\begin{bmatrix} M & M & / & D & D & / & Y & Y & Y & Y \\ 0 & 7 & & 0 & 9 & & 2 & 0 & 0 & 9 \end{bmatrix}$
City LEAWOOD	State Zip Code KS 66209	Transaction ID: SA11AI.75861
FEC ID number of contributing federal political committee.	KS 66209	Amount of Each Receipt this Period 500.00
Name of Employer ANESTHESIA ASSOCIATES OF KANSAS CITY	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	624.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 139 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) ROBERT HENRY			Date of Receipt
Mailing Address 3104 BLUE LAKE DR.,	, #110		07 10 2009
City	State	Zip Code	Transaction ID: SA11AI.75983
BIRMINGHAM	AL	35243	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ANES. ASSOCIATED, P.C.	Occupation ANESTHI	ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) THOMAS HERFURTH			Date of Receipt
Mailing Address 3826 8TH ST PL NW			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.76823
HICKORY	NC	20861	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer UNIFOUR ANESTHESIA ASSOC	Occupation ANESTHI	ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ANDREW HERLICH			Date of Receipt
Mailing Address 116 HAVERFORD CIR	CLE		07 01 7 2009
City	State	Zip Code	Transaction ID: SA11AI.75698
<u>PITTSBURGH</u>	PA	15228	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer MERCY HOSPITAL OF PITTSBU- RGH	Occupation ANESTHI	ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 581.00	
SUBTOTAL of Receipts This Page (optional)			833.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 139 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or 1	y information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	e name and add	dress of any political committee to	o solicit contributions from such committee.
۱.	Full Name (Last, First, Middle Initial) PETER HILD			Date of Receipt
	Mailing Address 3901 RAINBOW BLVI 1440 BELL MEM. HOS	SP.		07 15 2009
	City KANSAS CITY	State KS	Zip Code 66160	Transaction ID: SA11AI.76146 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer KU ANESTHESIOLOGY FOUNDAT- ION Receipt For:	Occupatio PHYSICI Aggregate		
	Primary General Other (specify) ▼	33 13	500.00	
	Full Name (Last, First, Middle Initial) SIMON HILLIER	•		Date of Receipt
	Mailing Address 1 MEDICAL CENTER DEPT OF ANESTHES			07 24 2009
	City	State	Zip Code	Transaction ID: SA11AI.76553
	LEBANON FEC ID number of contributing federal political committee.	C	03756	Amount of Each Receipt this Period 250.00
	Name of Employer DARTMOUTH HITCHCOCK MEDIC- AL CENTER		AN-EDUCATOR-RESEARCH	HER
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00]
	Full Name (Last, First, Middle Initial) JOHN HINE			Date of Receipt
	Mailing Address 1147 SANTA MARIA I	DR.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.75801
	BOISE FEC ID number of contributing federal political committee.	C	83712	Amount of Each Receipt this Period 250.00
	Name of Employer ANESTHESIA CONSULTANTS OF TREASURE VAL	, '	IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SI	JBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS Any information copied from such Reports	for each category of the Detailed Summary Page and Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 52 / 139 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	ng the name and address of any political committee to	
Full Name (Last, First, Middle Initial) BRIAN HITE Mailing Address 2300 BROADWA	V ADT 16	Date of Receipt
Walling Address 2500 BNOADWA		07 09 2009
City	State Zip Code CA 94612	Transaction ID: SA11AI.75797
OAKLAND FEC ID number of contributing federal political committee.	CA 94612	Amount of Each Receipt this Period 500.00
Name of Employer EBAMG	Occupation MD	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) B. RICHARD HOBERMAN		Date of Receipt
Mailing Address 9701 HOLCOMB	ST	07 DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.75839
LOS ANGELES	CA 90035	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer CONEJO LOS ROBLES ANESTHE- SIOLOGY MEDIC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. MICHAEL HOGER		Date of Receipt
Mailing Address 6003 MACON CT	SE	07 14 2009
City HUNTSVILLE	State Zip Code AL 35802	Transaction ID: SA11AI.76121 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer COMPREHENSIVE ANESTHESIA SERVICES	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	onal)	1250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 139 (check only one) X 11a
Ai	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Д .	Full Name (Last, First, Middle Initial) JAMES HOLLIDAY			Date of Receipt
	Mailing Address 2828 MILTON AVE			07 21 2009
	City DALLAS	State TX	Zip Code 75205	Transaction ID: SA11AI.76382 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	7.02.00	250.00
	Name of Employer PINNACLE PARTNERS IN MEDI- CINE	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) HOBSON HORNBUCKLE			Date of Receipt
	Mailing Address 490 HARRISON ROA	D		07 29 2009
	City	State SC	Zip Code	Transaction ID: SA11AI.76733
	ROEBUCK FEC ID number of contributing federal political committee.	C	29376	Amount of Each Receipt this Period 250.00
	Name of Employer SPARTANBURG REGIONAL	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
 C.	Full Name (Last, First, Middle Initial) JEFFREY HUANG			Date of Receipt
	Mailing Address 2699 LEE RD STE 51	0		07 16 YYYYY 2009
	City WINTER PARK	State FL	Zip Code 32789	Transaction ID: SA11AI.76196 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	32709	500.00
	Name of Employer AGO	Occupation ANESTH	n HESIOLOGY	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
S	SUBTOTAL of Receipts This Page (optional) .		I	1000.00
	OTAL This Period (last page this line number		<u> </u>	

,	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 54 / 139 (check only one)
1	TEMIZED RECEIPTS	for each category of the	
	I LIVIIZED RECEIP 13	Detailed Summary Page	X 11a 11b 11c 12
_		, ,	13 14 15 16 17
	Any information copied from such Reports and State or for commercial purposes, other than using the nar	ments may not be sold or used by any person	on for the purpose of soliciting contributions
 	 NAME OF COMMITTEE (In Full) 	ne and address or any political committee to	Solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHESIO	LOGISTS BOLITICAL ACTION COM	MITTEE
	AMERICAN SOCIETY OF AMESTIESIO	EOGISTS FOLITICAL ACTION COM	WITTEL
Α.	Full Name (Last, First, Middle Initial) HAYDEN HUGHES		Date of Receipt
	Mailing Address 1941 21ST AVE S		07 29 2009
	City	State Zip Code	Transaction ID: SA11AI.76718
	BIRMINGHAM	AL 35209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
		Occupation PHYSICIAN	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		1
	Other (specify) ▼	250.00	
_			d
В.	Full Name (Last, First, Middle Initial) DRAGOS HUHULEA		Date of Receipt
	Mailing Address 6 MARLBOROUGH CT.		07 21 2009
	City	State Zip Code	Transaction ID: SA11AI.76374
	ROCKVILLE CENTRE	NY 11570	Amount of Each Receipt this Period
	FEC ID number of contributing		200.00
	federal political committee.	C	300.00
		Occupation	
	LLP	PHYSICIAN	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	300.00]
	Other (specify) ▼		
с. С.	Full Name (Last, First, Middle Initial) LEWIS HUNT		Date of Receipt
o .	Mailing Address 36 FOXCHASE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11Al.76071
	DOTHAN	AL 36305	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
		Occupation ANESTHESIOLOGIST	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	1000.00	1
	Other (specify) ▼	1000.00	
Γ			
	SUBTOTAL of Receipts This Page (optional)		1550.00
H		•	-

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) JOEL HUTCHINSON Mailling Address 556 S FAIR OAKS AVE # 320 City State Zip Code Primary General Other (specify) ▼ Transaction ID: SA11AI.76696 Amount of Each Receipt this Peric Transaction ID: SA11AI.76696 Amount of Each Receipt this Peric Transaction ID: SA11AI.76696 Amount of Each Receipt this Peric Transaction ID: SA11AI.76696 Amount of Each Receipt this Peric Transaction ID: SA11AI.76696 Amount of Each Receipt this Peric Transaction ID: SA11AI.76696 Amount of Each Receipt this Peric Transaction ID: SA11AI.76696 Transaction ID: SA11AI.76896 Transaction ID	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 139 (check only one) X
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) JOEL HUTCHINSON Mailing Address 556 S FAIR OAKS AVE # 320 City State Zip Code PASADENA CA 91105 FEC ID number of contributing federal political committee. C Society ADVANCED PAIN PHYSICIANS Mailing Address 5801 FRONTIER RD City State Zip Code NE 68516 FEC ID number of contributing federal political committee. City State Zip Code LINCOLN NE 68516 FEC ID number of contributing federal political committee. C State Zip Code LINCOLN NE 68516 FEC ID number of contributing federal political committee. C State Zip Code LINCOLN NE 68516 FEC ID number of contributing federal political committee. C State Zip Code LINCOLN NE 68516 FEC ID number of contributing federal political committee. C State Zip Code Primary General Other (specify) ▼ C State Zip Code Primary General Other (specify) ▼ C State Zip Code Primary General Other (specify) ▼ C State Zip Code Primary General Other (specify) ▼ C State Zip Code Primary General Other (specify) ▼ C State Zip Code Transaction ID: SA11A1.76881 Amount of Each Receipt this Peric Transaction ID: SA11A1.76881 Amount of Each Receipt this Peric Transaction ID: SA11A1.76881 Amount of Each Receipt this Peric Transaction ID: SA11A1.75881 Amount of Each Receipt this Peric Transaction ID: SA11A1.75881 Amount of Each Receipt this Peric Transaction ID: SA11A1.75881 Amount of Each Receipt this Peric Transaction ID: SA11A1.75881 Amount of Each Receipt this Peric Transaction ID: SA11A1.75881 Amount of Each Receipt this Peric Transaction ID: SA11A1.75881 Amount of Each Receipt this Peric Transaction ID: SA11A1.75881 Amount of Each Receipt this Peric Transaction ID: SA11A1.75881 Amount of Each Receipt this Peric Transaction ID: SA11A1.75881 Amount of Each Receipt this Peric Transaction ID: SA11A1.75881 Amount of Each Receipt this Peric Transaction ID: SA11A1.75881 Amount of Each Receipt this Peric Transaction ID: SA11A1.75881 Amount of Each Receipt this Peric	or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Date of Receipt State	` '	SIOLOGIST	S POLITICAL ACTION COM	MITTEE
City State Zip Code PASADENA CA 91105 FEC ID number of contributing federal political committee. Name of Employer ASSOC ANES.	JOEL HUTCHINSON	T # 000		-
PASADENA FEC ID number of contributing federal political committee. Name of Employer ASSOC. ANES. Name of Employer ASSOC. ANES. Pull Name (Last, First, Middle Initial) JAE HYUN Mailing Address 665 PROSPECT AVE. Full Name (Last, First, Middle Initial) JAE HYUN Mailing Address 665 PROSPECT AVE. City State Zip Code Physician Cupation Amount of Each Receipt this Perior State Zip Code Transaction ID: SA11AI.76886 Amount of Each Receipt this Perior Transaction ID: SA11AI.76886 Amount of Each Receipt this Perior Transaction ID: SA11AI.76886 Amount of Each Receipt this Perior Transaction ID: SA11AI.76886 Amount of Each Receipt this Perior Transaction ID: SA11AI.76886 Amount of Each Receipt this Perior Transaction ID: SA11AI.75831 Amount of Each Receipt this Perior Transaction ID: SA11AI.75831 Amount of Each Receipt this Perior Transaction ID: SA11AI.75831 Amount of Each Receipt this Perior Transaction ID: SA11AI.75831 Amount of Each Receipt this Perior Transaction ID: SA11AI.75831 Amount of Each Receipt this Perior Transaction ID: SA11AI.75831 Amount of Each Receipt this Perior Transaction ID: SA11AI.75831 Amount of Each Receipt this Perior PHYSICIAN Aggregate Year-to-Date ▼			Zip Code	07 11 2009
Name of Employer ADVANCED PAIN PHYSICIANS AN ESTHESIOLOGIST Aggregate Year-to-Date ▼	PASADENA	CA	91105	Amount of Each Receipt this Period
Receipt For:		C		500.00
Primary General Other (specify) ▼ State Specify State Zip Code Lincoln NE 68516 FEC ID number of contributing federal Other (specify) ▼ Primary General Other (specify) ▼ State Zip Code NE 68516 Amount of Each Receipt this Perior Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ FILI Name (Last, First, Middle Initial) JAE HYUN Mailing Address 665 PROSPECT AVE. City State Zip Code PHYSICIAN Bate of Receipt For: Primary General Other (specify) ▼ State Zip Code Transaction ID: SA11A1.75831 Date of Receipt M M M O M O M O M O M O M O M O M O M	Name of Employer ADVANCED PAIN PHYSICIANS			
Date of Receipt Mailing Address 5801 FRONTIER RD City State Zip Code NE 68516 FEC ID number of contributing federal political committee. Name of Employer ASSOC. ANES. Primary General Other (specify) ▼ Primary General Other (specify) ▼ Pill Name (Last, First, Middle Initial) JAE HYUN Mailing Address 665 PROSPECT AVE. City State Zip Code IL 60093 FEC ID number of contributing federal political committee. Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Primary General	Aggregate		
City State Zip Code				Date of Receipt
LINCOLN NE 68516 Amount of Each Receipt this Peric FEC ID number of contributing federal political committee. Name of Employer ASSOC. ANES. Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) JAE HYUN Mailing Address 665 PROSPECT AVE. City State Zip Code IL 60093 FEC ID number of contributing federal political committee. Name of Employer LUTHERAN GENERAL HOSPITAL ANES. DEPT. Receipt For: Occupation PHYSICIAN Amount of Each Receipt this Peric Transaction ID: SA11Al.75831 Amount of Each Receipt this Peric C 500.00				07 28 2009
FEC ID number of contributing federal political committee. Name of Employer ASSOC. ANES. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) JAE HYUN Mailing Address 665 PROSPECT AVE. City State Zip Code IL 60093 FEC ID number of contributing federal political committee. PEC ID number of contributing federal political committee. Name of Employer LUTHERAN GENERAL HOSPITAL ANES. DEPT. Receipt For: Primary General Aggregate Year-to-Date ▼ Occupation PHYSICIAN Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	•		•	
Name of Employer ASSOC. ANES. Receipt For: Primary General Other (specify) ▼ Pagregate Year-to-Date ▼ Pagregate Year-to-Date ▼ Date of Receipt Mailing Address 665 PROSPECT AVE. City State Zip Code IL 60093 Full Name of Employer FEC ID number of contributing federal political committee. Name of Employer LUTHERAN GENERAL HOSPITAL ANES. Primary General Occupation PHYSICIAN Occupation PHYSICIAN Aggregate Year-to-Date ▼ Transaction ID: SA11AI.75831 Amount of Each Receipt this Perior Description Transaction ID: SA11AI.75831 Amount of Each Receipt this Perior Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	LINCOLN	NE	68516	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) JAE HYUN Mailing Address 665 PROSPECT AVE. City State Zip Code WINNETKA IL 60093 FEC ID number of contributing federal political committee. Name of Employer LUTHERAN GENERAL HOSPITAL ANES. DEPT. Receipt For: Primary General Aggregate Year-to-Date ▼ Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		С		250.00
Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) JAE HYUN Mailing Address 665 PROSPECT AVE. City State Zip Code IL 60093 FEC ID number of contributing federal political committee. Name of Employer LUTHERAN GENERAL HOSPITAL ANES. DEPT. Receipt For: Primary General Primary General Aggregate Year-to-Date ▼ 500.00				
Tull Name (Last, First, Middle Initial) JAE HYUN Mailing Address 665 PROSPECT AVE. City State Zip Code WINNETKA IL 60093 Transaction ID: SA11Al.75831 Amount of Each Receipt this Peric FEC ID number of contributing federal political committee. Name of Employer LUTHERAN GENERAL HOSPITAL ANES. DEPT. Receipt For: Primary General Date of Receipt Transaction ID: SA11Al.75831 Amount of Each Receipt this Peric		Aggregate	e Year-to-Date ▼	
JAE HYUN Mailing Address 665 PROSPECT AVE. City State Zip Code WINNETKA IL 60093 FEC ID number of contributing federal political committee. Name of Employer LUTHERAN GENERAL HOSPITAL ANES. DEPT. Receipt For: Primary General Date of Receipt M M M D D D D D D D D D D D D D D D D	_ · · ·		250.00	
City WINNETKA FEC ID number of contributing federal political committee. Name of Employer LUTHERAN GENERAL HOSPITAL ANES. DEPT. Receipt For: Primary General State Zip Code IL 60093 Transaction ID: SA11AI.75831 Amount of Each Receipt this Period 500. Occupation PHYSICIAN Aggregate Year-to-Date 500.00	,	·		Date of Receipt
WINNETKA IL 60093 Amount of Each Receipt this Period Countributing federal political committee. Name of Employer LUTHERAN GENERAL HOSPITAL ANES. DEPT. Receipt For: Primary General Amount of Each Receipt this Period Countributing Factor of Each Receipt Factor of Each Factor of Each Receipt Factor of Each Receipt Factor of Each Receipt Factor				07 09 2009
FEC ID number of contributing federal political committee. Name of Employer LUTHERAN GENERAL HOSPITAL ANES. DEPT. Receipt For: Primary General C Occupation PHYSICIAN Aggregate Year-to-Date 500.00			•	
Federal political committee. Name of Employer LUTHERAN GENERAL HOSPITAL ANES. DEPT. Receipt For: Primary General Occupation PHYSICIAN Aggregate Year-to-Date 500.00		IL	00093	Amount of Each Receipt this Period
ANES. DEPT. Receipt For: Primary General Aggregate Year-to-Date 500,00	federal political committee.			500.00
Primary General 500.00	ANES. DEPT.	PHYSIC	IAN	
500.00		Aggregate	e Year-to-Date ▼	,
	_ ' <u>_</u>		500.00	
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)			1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 139 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) THOMAS INGERSOLL Mailing Address 8600 N. ROUTE 91	, SUITE #250		Date of Receipt
City PEORIA FEC ID number of contributing	State IL	Zip Code 61615	Transaction ID: SA11AI.76069 Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼		ESIOLOGIST Year-to-Date 250.00	250.00
Full Name (Last, First, Middle Initial) ASHWIN INGLE Mailing Address 1901 POST OAK B	LVD APT 607		Date of Receipt 0 7 2 7 2 0 0 9
City	State	Zip Code	Transaction ID: SA11Al.76618
HOUSTON	TX	77056	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer GHA	Occupation DOCTOF		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) MITCHELL JABLONS	'		Date of Receipt
Mailing Address 35 TIMBERLINE W.	AY		07 20 7 2009
City WATCHUNG	State NJ	Zip Code	Transaction ID: SA11AI.76353
FEC ID number of contributing federal political committee.	C	07069	Amount of Each Receipt this Period 250.00
Name of Employer SUMMIT ANESTHESIA ASSOCIA- TES	Occupation PHYSICI	AN	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	I		1000.00

9	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 57 / 139 (check only one)
	TEMIZED RECEIPTS	for each category of the	
•	I LIVIIZED RECEIP 13	Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
	Any information copied from such Reports and State or for commercial purposes, other than using the nar	ments may not be sold or used by any persone and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	AMERICAN SOCIETY OF ANESTHESIO	LOGISTS POLITICAL ACTION COM	MITTEE
Д. А.	Full Name (Last, First, Middle Initial) KYLE JANEK		Date of Receipt
	Mailing Address 103 PASCAL LANE		07 25 2009
	City	State Zip Code	Transaction ID: SA11AI.76559
	AUSTIN	TX 78746	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	NODTH CYDDESS ANESTHESION I	Occupation PHYSICIAN	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	1 1 1 1 1 1 1 1 1	1
	Other (specify) ▼	250.00	
– В.	Full Name (Last, First, Middle Initial) DANIEL JANIK		Date of Receipt
	Mailing Address 15605 E. PRENTICE DR.		07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.75697
	CENTENNIAL	CO 80015	Amount of Each Receipt this Period
	FEC ID number of contributing		
	federal political committee.	C	83.00
		Occupation PHYSICIAN	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	400.00	1
	Other (specify) ▼	498.00	
с. С.	Full Name (Last, First, Middle Initial) MICHAEL JANKOVIAK		Date of Receipt
-	Mailing Address 402 W. AVE. B		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.76015
	BISMARCK	ND 58501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
		Occupation ANESTHESIOLOGIST	
	Receipt For:	Aggregate Year-to-Date ▼	7
	Primary General	250.00	
	Other (specify)		
Γ	L		
	CURTOTAL (D TI: D II		583.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 139 (check only one) X 11a
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pers the name and address of any political committee to HESIOLOGISTS POLITICAL ACTION COM	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) BASIA JENKINS Mailing Address 3933 TOPSIDE RD City KNOXVILLE FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA MEDICAL ALLIAN-	State Zip Code TN 37920 C Occupation	Date of Receipt M M M
CE OF E. TN Receipt For: Primary General Other (specify)	MD Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) MATTHEW JENNINGS Mailing Address 207 DUNBAR COU City	RT State Zip Code	Date of Receipt O 7
DOTHAN FEC ID number of contributing federal political committee.	AL 36305	Amount of Each Receipt this Period
Name of Employer ACMG, PC Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) DONALD JONES Mailing Address 2043 ALAQUA LAK	ŒS BLVD.	Date of Receipt
City LONGWOOD	State Zip Code FL 32779	Transaction ID: SA11AI.75991 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer JLR	Occupation ANEST USE OF OCCUPATION OF OCCUPATION OF OCCUPATION OC	250.00
Receipt For: Primary General Other (specify) ▼	ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	l)	2250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 139 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per e name and address of any political committee	
AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS POLITICAL ACTION CO	MMITTEE
Full Name (Last, First, Middle Initial) MICHAEL KAISER		Date of Receipt
Mailing Address 1411 SHOAL DR. City	State Zip Code	07 24 2009
RICHLAND	MI 49083	Transaction ID: SA11AI.76543 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer KALAMAZOO ANESTHESIOLOGY	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) ONA KAREIVA		Date of Receipt
Mailing Address 6547 PEACHBLOSSO	DM HEIGHTS DR.	07 04 2009
City	State Zip Code	Transaction ID: SA11AI.75754
EASTON	MD 21601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer TIDEWATER ANESTHESIA	Occupation ANESTHESILOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) TRIPTI KATARIA	1	Date of Receipt
Mailing Address 2015 SPRING RD ST	E 510	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: SA11AI.75724
OAK BROOK FEC ID number of contributing	IL 60523	Amount of Each Receipt this Period 83.00
federal political committee.		00.00
Name of Employer WITT KIEFFER	Occupation PHYSICIAN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Other (specify)	581.00	
SUBTOTAL of Receipts This Page (optional) .	1	1583.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 139 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	e name and add	ress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DAVID KATZ Mailing Address 4336 E. MOUNTAIN	VIEW RD.		Date of Receipt M
City PHOENIX	State AZ	Zip Code 85028	Transaction ID: SA11AI.76337 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer VALLEY ANESTHESIOLOGY CON- SULTANTS Receipt For: Primary General Other (specify) ▼	- '	ESIOLOGIST Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) NAZEER KHANANI Mailing Address 3529 SUMMERFIELD) DR		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11Al.76598
PLANO FEC ID number of contributing federal political committee.	C	75074	Amount of Each Receipt this Period 250.00
Name of Employer PINNACLE ANESTHESIA CONSU- LTANTS	Occupation ANESTHI	ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) SHANNON KILKELLY			Date of Receipt
Mailing Address 1215 21ST AVE. S, 3	108 MCE		07 27 2009
City NASHVILLE	State TN	Zip Code 37232	Transaction ID: SA11AI.76603 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer VANDERBILT UNIV MED CTR	Occupation ANESTHI	ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
			1250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 139 (check only one) X 11a 11b 11c 12 13 14 15 16 1	
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	o solicit contributions from such committee.	
	AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	IMITTEE	
	Full Name (Last, First, Middle Initial) CHARLES KIM			Date of Receipt	
	Mailing Address 1209 FOX TRAIL CT.			07 01 2009	
	City	State	Zip Code	Transaction ID: SA11AI.75731	
	NAPERVILLE	IL	60540	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		83.00	
	001010		n IESIOLOGIST		
	Receipt For:	Aggregate	e Year-to-Date ▼	_	
	Primary General Other (specify) ▼	F01 00			
_	Full Name (Last, First, Middle Initial) TONY KIM			Date of Receipt	
	Mailing Address 1748 BANKS ST.			07 22 2009	
	City	State	Zip Code	Transaction ID: SA11AI.76422	
	HOUSTON	TX	77098	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer GREATER HOUSTON ANESTHESI- OLOGY		IESIOLOGIST		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	7	
	Other (specify)				
	Full Name (Last, First, Middle Initial) JEFFREY KING	Date of Receipt			
	Mailing Address 291 SOUTHHALL LA	07 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: SA11AI.76174	
	MAITLAND	FL	32751	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.			250.00	
	Name of Employer JLR MEDICAL GROUP Occupation ANESTHESIOLOGIST				
	Receipt For:	Aggregate	e Year-to-Date ▼	_	
	Primary General Other (specify) ▼		250.00		
Г	SUBTOTAL of Receipts This Page (optional)	1		583.00	

Receipt For: Primary	POLITICAL ACTION COI Zip Code 60558	to solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) JEROME KLAFTA Mailing Address 4123 HARVEY AVE. City State WESTERN SPRINGS FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF CHICAGO Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) STEPHEN KLEIN Mailing Address 3104 BLUE LAKE DR City State BIRMINGHAM AL FEC ID number of contributing federal political committee. Name of Employer TRINITY HOSPITAL Receipt For: Primary General Other (specify) General Other (specify) Full Name (Last, First, Middle Initial) ALAN KLOCHANY Mailing Address 6528 CHIPSTEAD LN. City State	Zip Code 60558 ESIOLOGIST Year-to-Date ▼ 500.00	Date of Receipt M		
Address 4123 HARVEY AVE. City State WESTERN SPRINGS IL FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF CHICAGO Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) STEPHEN KLEIN Mailing Address 3104 BLUE LAKE DR City State BIRMINGHAM AL FEC ID number of contributing federal political committee. Name of Employer TRINITY HOSPITAL Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ALAN KLOCHANY Mailing Address 6528 CHIPSTEAD LN. City State City State Aggregate Full Name (Last, First, Middle Initial) ALAN KLOCHANY Mailing Address 6528 CHIPSTEAD LN.	ESIOLOGIST Year-to-Date ▼ 500.00	Transaction ID: SA11AI.76434 Amount of Each Receipt this Period Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
WESTERN SPRINGS FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF CHICAGO Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) STEPHEN KLEIN Mailing Address 3104 BLUE LAKE DR City State BIRMINGHAM AL FEC ID number of contributing federal political committee. Name of Employer TRINITY HOSPITAL Receipt For: Primary General Occupation ANESTHI Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ALAN KLOCHANY Mailing Address 6528 CHIPSTEAD LN. City State	ESIOLOGIST Year-to-Date ▼ 500.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
federal political committee. Name of Employer UNIVERSITY OF CHICAGO Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) STEPHEN KLEIN Mailing Address 3104 BLUE LAKE DR City State BIRMINGHAM AL FEC ID number of contributing federal political committee. Name of Employer TRINITY HOSPITAL Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ALAN KLOCHANY Mailing Address 6528 CHIPSTEAD LN. City State	SIOLOGIST Year-to-Date ▼ 500.00 Zip Code	Date of Receipt M M / D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) STEPHEN KLEIN Mailing Address 3104 BLUE LAKE DR City BIRMINGHAM FEC ID number of contributing federal political committee. Name of Employer TRINITY HOSPITAL Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) ALAN KLOCHANY Mailing Address 6528 CHIPSTEAD LN. City State	SIOLOGIST Year-to-Date ▼ 500.00 Zip Code	Transaction ID: SA11AI.75985 Amount of Each Receipt this Period		
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) STEPHEN KLEIN Mailing Address 3104 BLUE LAKE DR City State BIRMINGHAM AL FEC ID number of contributing federal political committee. Name of Employer TRINITY HOSPITAL Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ALAN KLOCHANY Mailing Address 6528 CHIPSTEAD LN. City State	500.00 Zip Code	Transaction ID: SA11AI.75985 Amount of Each Receipt this Period		
STEPHEN KLEIN Mailing Address 3104 BLUE LAKE DR City State BIRMINGHAM AL FEC ID number of contributing federal political committee. Name of Employer TRINITY HOSPITAL Receipt For: Aggregate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ALAN KLOCHANY Mailing Address 6528 CHIPSTEAD LN. City State	·	Transaction ID: SA11AI.75985 Amount of Each Receipt this Period		
City BIRMINGHAM FEC ID number of contributing federal political committee. Name of Employer TRINITY HOSPITAL Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ALAN KLOCHANY Mailing Address 6528 CHIPSTEAD LN. City State	·	Transaction ID: SA11AI.75985 Amount of Each Receipt this Period		
BIRMINGHAM FEC ID number of contributing federal political committee. Name of Employer TRINITY HOSPITAL Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ALAN KLOCHANY Mailing Address 6528 CHIPSTEAD LN. City State	·	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. Name of Employer TRINITY HOSPITAL Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ALAN KLOCHANY Mailing Address 6528 CHIPSTEAD LN. City State	35243			
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) ALAN KLOCHANY Mailing Address 6528 CHIPSTEAD LN. City State				
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ALAN KLOCHANY Mailing Address 6528 CHIPSTEAD LN. City State	ESIOLOGIST			
ALAN KLOCHANY Mailing Address 6528 CHIPSTEAD LN. City State	Year-to-Date ▼ 500.00			
City State				
CHARLOTTE	Zip Code 28277	Transaction ID: SA11AI.76512 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	20211	250.00		
CONSOLIANTS	SIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼			
SUBTOTAL of Receipts This Page (optional)	250.00			

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 139 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	o solicit contributions from such committee.		
	AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
۷.	Full Name (Last, First, Middle Initial) MICHAEL KOVARIK	Date of Receipt		
	Mailing Address 438 N KOKE MILL R	D		07 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.76296
	SPRINGFIELD	<u>IL</u>	62707	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer SANGAMON ASSOC ANES	Occupation ANESTH	n ESIOLOGIST	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
_	Full Name (Last, First, Middle Initial) DAVID KRHOVSKY	Date of Receipt		
	Mailing Address 2248 SHAWNEE S.E	<u>.</u>		0 7 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.75733
	GRAND RAPIDS	MI	49506	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.00
	Name of Employer ANESTHESIA MEDICAL CONSUL- TANTS, P.C.	Occupation ANESTH	n ESIOLOGIST	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼			
_	Full Name (Last, First, Middle Initial) SCOTT KUHNERT	Date of Receipt		
	Mailing Address 4640 HAWK HOLLO	07 13 2009		
	City	State	Zip Code	Transaction ID: SA11AI.76113
	BATH	MI	48808	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			500.00
	Name of Employer LANSING ANESTHESIOLOGISTS, P.C.	Occupation ANESTH	n ESIOLOGIST	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_
	Other (specify) ▼		500.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1041.00		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 139 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) TANNER LANG			Date of Receipt
Mailing Address N3292 FEATHER RIDC	GE DR		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: SA11AI.75771
APPLETON	WI	54913	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer UNITED ANESTHESIA	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) TANNER LANG			Date of Receipt
Mailing Address N3292 FEATHER RIDO	GE DR		07 27 2009
City	State	Zip Code	Transaction ID: SA11AI.76582
APPLETON	WI	54913	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer UNITED ANESTHESIA	Occupation ANESTH	n ESIOLOGY	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) THOMAS LARK	Date of Receipt		
Mailing Address 10337 W. HECETA HEAD DR.			07 14 2009
City	State	Zip Code	Transaction ID: SA11AI.76120
BOISE	ID	83714	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ANES. CONSULTANTS OF TREA- SURE VALLEY		ESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional))	1050.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 139 (check only one) X 11a 11b 11c 12 13 14 15 16 17		
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	statements may not be sold or used by any perso e name and address of any political committee to SIOLOGISTS POLITICAL ACTION COMI	solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) ABRAHAM LAYON Mailing Address PO BOX 100254 1600 SW ARCHER RO		Date of Receipt 0 7 2 4 2 0 0 9		
City	State Zip Code	Transaction ID: SA11AI.76526		
GAINESVILLE FEC ID number of contributing federal political committee.	FL 32610	Amount of Each Receipt this Period 250.00		
Name of Employer UNIVERSITY OF FLORIDA MED- ICAL CENTER - Receipt For: Primary General Other (specify) ▼	Occupation PROFESSOR AND CHIEF, CRITICAL Aggregate Year-to-Date 250.00	L CARE MED		
Full Name (Last, First, Middle Initial) JEFFREY LEE Mailing Address 6650 PASTURE LAND	JEFFREY LEE			
City	State Zip Code	0 7 1 2 2 0 0 9 Transaction ID: SA11AI.76060		
WINTER GARDEN	FL 34787	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer JLR MEDICAL GROUP	Occupation ANESTHESIOLOGIST			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	250.00			
Full Name (Last, First, Middle Initial) NEVILLE LEIBMAN		Date of Receipt		
Mailing Address 4807 VALERIE ST		07 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Zip Code	Transaction ID: SA11AI.76449		
BELLAIRE	TX 77401	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer GREATER HOUSTON ANESTHESI- OLOGY, P.A. Receipt For:	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	250.00			
SUBTOTAL of Receipts This Page (optional)		750.00		
TOTAL This Period (last page this line number	only)			

coses, other than using the ITTEE (In Full) CIETY OF ANESTHES irst, Middle Initial) L 702 MAPLE AVE OVE contributing nmittee. INGBROOK HOS- General iy) ▼ irst, Middle Initial) 3411 RUMSON RD	State IL Occupation ANESTHE	Zip Code 60515 ESIOLOGIST Year-to-Date Zip Code	X 11a 11b 11c 12 13 14 15 16 erson for the purpose of soliciting contributions to solicit contributions from such committee.) Y
d from such Reports and Stooses, other than using the ITTEE (In Full) CIETY OF ANESTHES irst, Middle Initial) L 702 MAPLE AVE OVE contributing nmittee. INGBROOK HOS- General iy) irst, Middle Initial) 3411 RUMSON RD	State IL C Occupation ANESTHE Aggregate	Detailed Summary Page not be sold or used by any press of any political committee POLITICAL ACTION Committee Zip Code 60515 ESIOLOGIST Year-to-Date Zip Code	Date of Receipt Date of Receipt Date of Each Receipt this Period Date of Receipt 250.00 Date of Receipt 250.00) Y
coses, other than using the ITTEE (In Full) CIETY OF ANESTHES irst, Middle Initial) L 702 MAPLE AVE OVE contributing nmittee. INGBROOK HOS- General iy) ▼ irst, Middle Initial) 3411 RUMSON RD	State IL C Occupation ANESTHE Aggregate	Zip Code 60515 ESIOLOGIST Year-to-Date Zip Code	Person for the purpose of soliciting contributions to solicit contributions from such committee. Date of Receipt Date of Receipt Transaction ID: SA11AI.76086 Amount of Each Receipt this Period 250.00) Y
ITTEE (In Full) CIETY OF ANESTHES irst, Middle Initial) 702 MAPLE AVE OVE contributing nmittee. INGBROOK HOS- General iy) irst, Middle Initial) 3411 RUMSON RD	State IL C Occupation ANESTHE Aggregate	Zip Code 60515 ESIOLOGIST Year-to-Date Zip Code	Date of Receipt Date of Receipt) Y
irst, Middle Initial) 702 MAPLE AVE OVE contributing nmittee. INGBROOK HOS- General iy) irst, Middle Initial) 3411 RUMSON RD	State IL C Occupation ANESTHE Aggregate	Zip Code 60515 ESIOLOGIST Year-to-Date ▼ Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y) Y
TS TO2 MAPLE AVE TO2 MAPLE AVE TO4 TO5 TO5 TO5 TO5 TO5 TO5 TO5	Occupation ANESTHE Aggregate	60515 ESIOLOGIST Year-to-Date ▼ 250.00 Zip Code	Transaction ID: SA11AI.76086 Amount of Each Receipt this Period 250.00 Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y) Y
COVE contributing nmittee. INGBROOK HOS- General (y) irst, Middle Initial) 3411 RUMSON RD	Occupation ANESTHE Aggregate	60515 ESIOLOGIST Year-to-Date ▼ 250.00 Zip Code	Date of Receipt Date of Receipt) Y
contributing nmittee. INGBROOK HOS- General iy) ▼ irst, Middle Initial) 3411 RUMSON RD	Occupation ANESTHE Aggregate	60515 ESIOLOGIST Year-to-Date ▼ 250.00 Zip Code	Date of Receipt Date of Receipt Date of Receipt Amount of Each Receipt this Period 250.00	Y
contributing nmittee. INGBROOK HOS- General iy) ▼ irst, Middle Initial) 3411 RUMSON RD	Occupation ANESTHE Aggregate	ESIOLOGIST Year-to-Date ▼ 250.00 Zip Code	Date of Receipt M	Y
INGBROOK HOS- General iy) ▼ irst, Middle Initial) 3411 RUMSON RD	Occupation ANESTHE Aggregate	ESIOLOGIST Year-to-Date ▼ 250.00 Zip Code	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
General iy) ▼ irst, Middle Initial) 3411 RUMSON RD	ANESTHE Aggregate Y	ESIOLOGIST Year-to-Date ▼ 250.00 Zip Code	07 28 YYYY	
irst, Middle Initial) 3411 RUMSON RD	State	250.00 Zip Code	07 28 YYYY	
irst, Middle Initial) 3411 RUMSON RD		Zip Code	07 28 YYYY	
3411 RUMSON RD		·	07 28 YYYY	
TS		·	07 28 2009	
		·	Transaction ID: SA11AI.76665	
	<u>OH</u>			
a a naturilar ration as		44118	Amount of Each Receipt this Period	_
contributing nmittee.	C		250.00)
	Occupation ANESTHE	ESIOLOGIST		
	Aggregate `	Year-to-Date ▼		
General iy) ▼		250.00		
	1		Date of Receipt	
			M M / D D / Y Y Y	
	State	Zip Code	Transaction ID: SA11AI.76456	
	TX	77584	Amount of Each Receipt this Period	
	C		250.00)
TON ANESTHESI-	Occupation ANESTHE			
General	Aggregate `	Year-to-Date ▼ 250.00		
	irst, Middle Initial) 3014 BARTON DR. contributing mmittee. STON ANESTHESI- General fy)	3014 BARTON DR. State TX contributing mmittee. CION ANESTHESI- General Aggregate	3014 BARTON DR. State Zip Code TX 77584 contributing mmittee. C C CTON ANESTHESI- General General Aggregate Year-to-Date 750.00	Date of Receipt M M M C P 2 3

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a		
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any pers he name and address of any political committee to ESIOLOGISTS POLITICAL ACTION COM	to solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) KEITH LIPSITZ Mailing Address 905 BALDWIN RD City WOODBRIDGE FEC ID number of contributing federal political committee. Name of Employer MILFORD ANESTHESIA ASSOC PC	State Zip Code CT 06525 C Occupation ANESTHESIOLOGIST	Date of Receipt 0 7 29 2009 Transaction ID: SA11AI.76731 Amount of Each Receipt this Period 250.00		
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 250.00			
TAK LIU Mailing Address 101 COUNTRY CEN City HOCKESSIN	ITER LN. State Zip Code DE 19707	Date of Receipt 0 7 3 1 2 0 0 9 Transaction ID: SA11AI.76827		
FEC ID number of contributing federal political committee. Name of Employer ASPA	Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period 250.00		
Receipt For: Primary General Other (specify)				
Full Name (Last, First, Middle Initial) WARD LONGBOTTOM Mailing Address 17910 SPENCER RI	WARD LONGBOTTOM			
City ODESSA	State Zip Code FL 33556	Transaction ID: SA11AI.76225		
FEC ID number of contributing federal political committee.	C 33330	Amount of Each Receipt this Period 500.00		
Name of Employer UNICOM ANESTHESIA ASSOCIA- TES	Occupation ANESTHESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			
SUBTOTAL of Receipts This Page (optional)		1000.00		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 139 (check only one) X 11a 11b 11c 12 13 14 15 16 17	
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal part of the name and address of any political committee to SIOLOGISTS POLITICAL ACTION COM	on for the purpose of soliciting contributions solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) JEANETTE LOZENSKI Mailing Address 3500 S. 4TH ST. City LEAVENWORTH FEC ID number of contributing federal political committee. Name of Employer ANESTHESIOLOGY CHARTERED Receipt For: Primary General Other (specify)	State Zip Code KS 66048 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt Date of Receipt	
Full Name (Last, First, Middle Initial) RICK LOZON Mailing Address 6080 ROTHBURY City PORTAGE FEC ID number of contributing federal political committee. Name of Employer KALAMAZOO ANESTHESIOLOGY,-P.C. Receipt For: Primary General Other (specify)	State Zip Code MI 49024 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00		
Full Name (Last, First, Middle Initial) PENNY LYNCH Mailing Address 501 20TH ST., SUITE City KNOXVILLE FEC ID number of contributing federal political committee. Name of Employer ANES MED ALLI E TN Receipt For: Primary General Other (specify)	State Zip Code TN 37916 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00		
SUBTOTAL of Receipts This Page (optional) .	· •	1000.00	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 139 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) ROBERT MACFARLANE			Date of Receipt
	Mailing Address 309 MIA DR			07 15 2009
	City BRISTOL	State TN	Zip Code 37620	Transaction ID: SA11AI.76152 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer BRISTOL ANESTHESIA SERVIC- ES Occupati ANEST		n IESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) TIMOTHY MADREN Mailing Address 2400 SOUTH ST.			Date of Receipt
			7: 0 1	07 17 2009
	City LAFAYETTE	State IN	Zip Code 47904	Transaction ID: SA11AI.76273 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SELF-EMPLOYED	Occupation ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ С.	Full Name (Last, First, Middle Initial) DEVANAND MANGAR	Date of Receipt		
	Mailing Address 360 BLANCA AVE.	07 10 2009		
	City	State	Zip Code 33606	Transaction ID: SA11AI.75997
	TAMPA FL FEC ID number of contributing federal political committee.		33000	Amount of Each Receipt this Period 2500.00
	Name of Employer FL GULF-TO-BAY ANESTHESIO- LOGY ASSOC.	Occupation PHYSIC	IAN	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2500.00	
	SUBTOTAL of Receipts This Page (optional)	1		3750.00
ı	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 139 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTH	ESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) RAMY MANKARIOUS Mailing Address 2411 FOUNTAIN VI	EW DR., #200	1	Date of Receipt 0 7 2 2 2 0 0 9
City HOUSTON	State TX	Zip Code 77057	Transaction ID: SA11AI.76416 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer GREATER HOUSTON ANESTHESI- OLOGY Receipt For: ☐ Primary General ☐ Other (specify) ▼	Occupation PHYSICI Aggregate		
Full Name (Last, First, Middle Initial) MICHAEL MANN Mailing Address 989 INNSWOOD CT	Г.		Date of Receipt 0 7 1 4 2 0 0 9
City LONGWOOD	State FL	Zip Code 32779	Transaction ID: SA11AI.76131 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer JLR MEDICAL GROUP	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) WILLIAM MANSFIELD Mailing Address 1685 KENSINGTON RD			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BLOOMFIELD HILLS	State MI	Zip Code 48304	Transaction ID: SA11AI.76647
FEC ID number of contributing federal political committee.	C	40304	Amount of Each Receipt this Period 500.00
Name of Employer SOUTH OAKLAND ANESTHESIA ASSOC.	ASSOC. ANESTH		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
SUBTOTAL of Receipts This Page (optional)		1250.00
TOTAL This Period (last page this line numb	per only)		

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 139 (check only one) X 11a				
,	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	person for the purpose of soliciting contributions ee to solicit contributions from such committee.					
	` '	MERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMI					
۱.	Full Name (Last, First, Middle Initial) KURT MARKGRAF	Date of Receipt					
	Mailing Address 3663 MCKINLEY AVI		07 01 2009				
	City FORT MYERS	State Zip Code FL 33901	Transaction ID: SA11AI.75704 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	83.00				
	Name of Employer MEDICAL ANESTHESIA	Occupation ANESTHESIOLOGIST					
	Receipt For: Primary General Other (specify) ▼						
 3.	Full Name (Last, First, Middle Initial) GREGORY MARSH	Date of Receipt					
	Mailing Address 1931 26TH AVE EAS	Т	07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State Zip Code	Transaction ID: SA11AI.75881				
	SEATTLE FEC ID number of contributing federal political committee.	WA 98112	Amount of Each Receipt this Period 250.00				
	Name of Employer PAS	Occupation ANESTHESIOLOGIST					
	Receipt For: Primary General Other (specify) ▼						
_	Full Name (Last, First, Middle Initial) SHAWN MARSH	Date of Receipt					
	Mailing Address 333 W. HAMPDEN A	07 10 2009					
	City ENGLEWOOD	State Zip Code CO 80110	Transaction ID: SA11AI.76011				
	FEC ID number of contributing federal political committee.	C 80110	Amount of Each Receipt this Period 500.00				
	Name of Employer SOUTH DENVER ANESTHESIOLO- GISTS, P.C.	Occupation PHYSICIAN					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00					
	SUBTOTAL of Receipts This Page (optional)	1	833.00				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 139 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) PHILLIP MARZOLINO Mailing Address 8701 BLUFFSTONEC City AUSTIN FEC ID number of contributing federal political committee. Name of Employer AUSTIN ANESTHESIOLOGY GRO-UP Receipt For: Primary General	State TX C Occupatio PHYSICI	Zip Code 78759	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) ALEXANDER MATVEEVSKII Mailing Address 1600 SW ARCHER F City GAINESVILLE FEC ID number of contributing federal political committee. Name of Employer SHANDS HOSPITAL	State FL C	Zip Code 32160	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) JOHN MAXA Mailing Address 2698 BONAR HALL F	ANESTHESIOLOGIST Aggregate Year-to-Date 250.00 PATH		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City DULUTH FEC ID number of contributing federal political committee. Name of Employer NEW LONDIN ANESTH Receipt For: Primary General Other (specify)	'	Zip Code 30097 n IESIOLOGIST Pe Year-to-Date 500.00	Transaction ID: SA11AI.76833 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		•	1000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 139 (check only one) X
or fo	r information copied from such Reports and sor commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
١	Full Name (Last, First, Middle Initial) SAM MAYEDA			Date of Receipt
-	Mailing Address 15804 W. 63RD AVE.		7:p Code	07 19 2009
	City GOLDEN	State CO	Zip Code 80403	Transaction ID: SA11AI.76335 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer PHYSICIAN ANESTHESIA SERV- ICES	Occupatio MD	n	
Ì	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) STACEY MCCLARTY			Date of Receipt
I	Mailing Address 8505 RAMBLING RO	07 13 YYYY 2009		
	City	State	Zip Code	Transaction ID: SA11AI.76116
i	OOLTEWAH FEC ID number of contributing federal political committee.	C	37363	Amount of Each Receipt this Period 500.00
Ī	Name of Employer ACE ANESTHESIOLOGY DEPT OF ANESTHESIOL	Occupatio ANESTH	n IESIOLOGIST	
1	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 504.00	
	Full Name (Last, First, Middle Initial) JOSEPH MCCOMB			Date of Receipt
Ī	Mailing Address 104 CETON COURT			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City BROOMALL	State PA	Zip Code 19008	Transaction ID: SA11AI.75725 Amount of Each Receipt this Period
i	FEC ID number of contributing federal political committee.	C	15000	41.00
_	Name of Employer UNITED ANESTHESIA SERVICES	Occupatio PEDIATE	n RIC ANESTHESIOLOGIST	
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 287.00	
	JBTOTAL of Receipts This Page (optional) .	1		791.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 139 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			on for the purpose of soliciting contributions o solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	MIIIEE
Full Name (Last, First, Middle Initial) ROBERT MCCONATHY			Date of Receipt
Mailing Address 3624 N.W. 44TH ST.			07 28 2009
City	State	Zip Code	Transaction ID: SA11Al.76691
OKLAHOMA CITY	OK	73112	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SELF-EMPLOYED	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) KATHRYN MCCRADY			Date of Receipt
Mailing Address 2805 DANIEL AVE	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: SA11AI.76769
DALLAS	TX	75205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer PINNACLE PARTNERS MEDICINE	Occupation	PRACTICE	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JAMES MCGRATH			Date of Receipt
Mailing Address 5101 S. WILLOW SPR	RINGS RD.		07 10 2009
City	State	Zip Code	Transaction ID: SA11AI.75936
LA GRANGE	IL	60525	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SUBURBAN ANESTH	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		_	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 139 (check only one) X 11a 11b 11c 12
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	not be sold or used by any perso	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST			
Full Name (Last, First, Middle Initial) RICHARD MCNEER			Date of Receipt
Mailing Address 18340 SW 122 ST			0 7 0 1 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.75732
MIAMI	FL	33196	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer UNIVERSITY OF MIAMI DEPT OF ANESTHESIO	Occupation ANESTH	ESIOLOGIST	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		581.00	
Full Name (Last, First, Middle Initial) WILLIAM MEGGERS			Date of Receipt
Mailing Address 2529 CANDLEWO	OD		07 31 2009
City	State	Zip Code	Transaction ID: SA11AI.76807
FAYETTEVILLE	AR	72703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer NORTHWEST ANES ASSOC	Occupation ANESTH	ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) AGNES MELTON			Date of Receipt
Mailing Address 1830 LONE EAGL	E CT		07 10 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.75940
RENO	NV	89521	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SIERRA ANESTHESIA, INC	Occupation ANESTH	n ESIOLOGIST	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
SUBTOTAL of Receipts This Page (options			833.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports and	for each category of the Detailed Summary Page I Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 76 / 139 (check only one) X
or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	he name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MICHAEL MENDOZA Mailing Address 30 CATALINO DR.		Date of Receipt 0 7
City PARKERSBURG	State Zip Code WV 26101	Transaction ID: SA11AI.76817 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer UNITED ANESTHESIA Receipt For:	Occupation ANESTHESIOLOGIST	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) TIMOTHY MERCER Mailing Address 1670 ENTERPRISE	RD.	Date of Receipt
City PINEY FLATS	State Zip Code TN 37686	Transaction ID: SA11AI.76207 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer BRISTOL ANESTHESIA SERVIC- ES Receipt For:	Occupation ANESTHESIOLOGIST	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) ALAN MERKOW	1	Date of Receipt
Mailing Address 7603 E. 8TH PL. City	State Zip Code	07 17 2009
<u>DENVER</u>	CO 80230	Transaction ID: SA11AI.76300 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	>	1500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 139 (check only one) X
or for commercial purposes, other than usin	and Statements may not be sold or used by any persong the name and address of any political committee to	solicit contributions from such committee.
AMERICAN SOCIETY OF ANES	THESIOLOGISTS POLITICAL ACTION COMI	VIIIIEE
Full Name (Last, First, Middle Initial) ROBERT MICHAELS		Date of Receipt
Mailing Address 291 SOUTHHALL	LN.	07 30 YYYY 2009
City	State Zip Code	Transaction ID: SA11AI.76771
MAITLAND	FL 32751	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer JLR MEDICAL GROUP	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) CHRISTOPHER MILLSON	I	Date of Receipt
Mailing Address 2400 WIMBLEDC	ON WAY	07 01 2009
City	State Zip Code	Transaction ID: SA11AI.75691
LAS VEGAS	NV 89107	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer DESERT ANESTHESIOLOGISTS	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 581.00	
Full Name (Last, First, Middle Initial) MITCHELL MINANA	L	Date of Receipt
Mailing Address 1306 E WELDEN	DR	07 31 2009
City	State Zip Code	Transaction ID: SA11AI.76834
SPOKANE	WA 99223	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer PHYS ANESTH GRP	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optio	nal)	433.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 139 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	ly not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) KEVIN MINNIHAN			Date of Receipt
	Mailing Address 232 W MANOR DR			07 10 7 2009
	City CHESTERFIELD	State MO	Zip Code	Transaction ID: SA11AI.75929
	FEC ID number of contributing federal political committee.	C	63017	Amount of Each Receipt this Period 1000.00
	Name of Employer WOODS MILL ANES	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) CHARLES MONTGOMERY Mailing Address 501 20TH ST., #606			Date of Receipt
	Mailing Address 501 201H 51., #606			07 21 2009
	City KNOXVILLE	State TN	Zip Code 37916	Transaction ID: SA11AI.76397
	FEC ID number of contributing federal political committee.	C	37310	Amount of Each Receipt this Period 500.00
	Name of Employer DOR ANESTHESIOLOGISTS	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
с. С.	Full Name (Last, First, Middle Initial) BARRY MOODY			Date of Receipt
	Mailing Address 216 MARENGO ST., a	#C		07 10 Y Y Y Y Y Y Y
	City FLORENCE	State AL	Zip Code 35630	Transaction ID: SA11AI.76007
	FEC ID number of contributing federal political committee.	C	33630	Amount of Each Receipt this Period 500.00
	Name of Employer SELF	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			2000.00
	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for e	separate schedule(s) each category of the ailed Summary Page	Check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may not be the name and address of	sold or used by any perso any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	HESIOLOGISTS POL	ITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) PATRICIA MOORE			Date of Receipt
Mailing Address 12 NORTH PHEAS	ANT'S RIDGE		07 31 2009
City WILMINGTON	'	o Code 9807	Transaction ID: SA11AI.76838 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ASPA	Occupation ANESTHESIOL	LOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	500.00 ▼	
Full Name (Last, First, Middle Initial) THOMAS MOORE			Date of Receipt
Mailing Address 1748 VESTWOOD	07 20 7 20 9		
City VESTAVIA HILLS		o Code	Transaction ID: SA11AI.76341
FEC ID number of contributing federal political committee.	C	5216	Amount of Each Receipt this Period 500.00
Name of Employer UAB ANES. DEPT.	Occupation ANESTHESIOL	OGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to		
Full Name (Last, First, Middle Initial) RICARDO MORA			Date of Receipt
Mailing Address 45 RED SABLE PO	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City SPRING		o Code 7380	Transaction ID: SA11AI.76724 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer GREATER HOUSTON ANES.	Occupation ANESTHESIOL	_OGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	500.00 ▼	
			1500.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 139 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using t	Statements ma he name and ad	ly not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHI	ESIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) GRACE MOY			Date of Receipt
	Mailing Address 37 BALMORAL STR	EET 		07 29 2009
	City <u>ANDOVER</u>	State MA	Zip Code 01810	Transaction ID: SA11AI.76716 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer MILFORD ANESTHESIA ASSOCI- ATES	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) JOHN MUELLERLEILE			Date of Receipt
	Mailing Address 2828 CHICAGO AVE	07 22 7 2009		
	City MINNEAPOLIS	State MN	Zip Code 55407	Transaction ID: SA11AI.76426 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	33707	250.00
	Name of Employer NORTHWEST ANESTHESIA	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
с. С.	Full Name (Last, First, Middle Initial) JOHN MULFLUR			Date of Receipt
	Mailing Address 6218 WATERLOO D	PR.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City EASTON	State MD	Zip Code 21601	Transaction ID: SA11AI.75938
	FEC ID number of contributing federal political committee.	C	21001	Amount of Each Receipt this Period 1000.00
	Name of Employer TIDEWATER ANESTH	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)			1750.00
ŀ	TOTAL This Period (last page this line numb	er only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 139 (check only one) X 11a 11b 11c 12 13 14 15 16 1			
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any perso the name and address of any political committee to	solicit contributions from such committee.			
AMERICAN SOCIETY OF ANESTR	HESIOLOGISTS POLITICAL ACTION COMP	MITTEE			
Full Name (Last, First, Middle Initial) JOEL MUMFORD		Date of Receipt			
Mailing Address 221 ELM HILL RD.		07 01 YYYY 2009			
City	State Zip Code	Transaction ID: SA11AI.75707			
SPRINGFIELD	VT 05156	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	83.00			
Name of Employer V A MEDICAL CENTER	Occupation PHYSICIAN				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 581.00				
Full Name (Last, First, Middle Initial) MARK MUMFORD					
City	State Zip Code	0 7 1 7 2 0 0 9 Transaction ID: SA11AI.76294			
KNOXVILLE	TN 37922	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer ANESTHESIA MEDICAL ALLIAN- CE OF E. TN	Occupation ANESTHESIOLOGIST				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initial)		Date of Receipt			
Mailing Address 9 LINCOLN STREE	T	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code	Transaction ID: SA11AI.75729			
WESTON	MA 02493	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	41.00			
Name of Employer ANES. ASSOC. OF MASSACHUS- ETTS	Occupation ANESTHESIOLOGIST				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 287.00				
SUBTOTAL of Receipts This Page (optional	ı) >	624.00			

	LE A (FEC Form 3X) D RECEIPTS	1	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82/139 (check only one)
Any information or for commer	on copied from such Reports and cial purposes, other than using the	Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
\	COMMITTEE (In Full) AN SOCIETY OF ANESTHE	ESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name GARY NAL	(Last, First, Middle Initial)			Date of Receipt
Mailing Add		07 01 2009		
City	-D	State	Zip Code	Transaction ID: SA11Al.75716
	mber of contributing tical committee.	C	17331	Amount of Each Receipt this Period 83.00
Name of E HANOVEF IN MEDIC	mployer R ANESTHESIA AND PA- INE	Occupation PHYSICI		
Receipt Fo Prima Othe		Aggregate	Year-to-Date ▼ 581.00	
Full Name KENNETH	(Last, First, Middle Initial)			Date of Receipt
	dress 170 LEEWOOD FAR	0 7 2 0 Y Y Y Y Y Y		
City WHEELII	NG	State WV	Zip Code 26003	Transaction ID: SA11AI.76346 Amount of Each Receipt this Period
FEC ID nu	mber of contributing tical committee.	C	20000	500.00
Name of E MEDICAL GISTS	mployer PARK ANESTHESIOLO-	Occupation ANESTH	n IESIOLOGIST	
Receipt Fo		Aggregate	e Year-to-Date ▼ 500.00	
Full Name RAKESH N	(Last, First, Middle Initial)			Date of Receipt
	dress 4704 PINE CIR			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.76809
	mber of contributing tical committee.	C	77401	Amount of Each Receipt this Period 250.00
Name of E GREATER OLOGY	mployer R HOUSTON ANESTHESI-	Occupation ANESTH	n IESIOLOGIST	
Receipt Fo Prima Othe		Aggregate	e Year-to-Date ▼ 250.00]
SURTOTAL	of Receipts This Page (optional)			833.00

	EDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 139 (check only one) X
or for o	commercial purposes, other than using the ME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
AN	MERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
. <u>MIC</u>	I Name (Last, First, Middle Initial)			Date of Receipt
Ma 	iling Address 7632 TIMBER SPRIN	GS DR.		07 01 2009
City		State IN	Zip Code	Transaction ID: SA11AI.75727
FE	SHERS C ID number of contributing eral political committee.	C	46038	Amount of Each Receipt this Period 83.00
Na SC TS	me of Employer UTHEAST ANESTHESIOLOGIS-	Occupatio PHYSIC		
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 498.00	
	l Name (Last, First, Middle Initial) ICENT NELSON			Date of Receipt
Ма	iling Address 4822 LOCUST STREI	07 27 Y Y Y Y Y Y Y		
City	У	State	Zip Code	Transaction ID: SA11AI.76614
	ELLAIRE	TX	77401	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		500.00
<u>OL</u>	me of Employer REATER HOUSTON ANESTHESI- OGY, P.A.	Occupatio ANESTH	n IESIOLOGIST	
Re	ceipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 500.00	
	I Name (Last, First, Middle Initial) NDALL NEMITZ			Date of Receipt
Ma	iling Address 2411 FOUNTAIN VIE	07 27 2009		
City		State	Zip Code	Transaction ID: SA11AI.76634
	DUSTON	TX	77057	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		250.00
<u>A,</u>	me of Employer REATER HOUSTON ANESTHESI- P.A.	, '	IESIOLOGIST	
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	FOTAL of Receipts This Page (optional) .	•		833.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 139 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persole name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DAVID NIETO Mailing Address 9013 CEDAR BLUFF City NORTH RICHLAND HIL FEC ID number of contributing federal political committee.	S DR State Zip Code TX 76180	Date of Receipt M M M / D D / Y Y Y Y Y 0 7 1 7 2 0 0 9 Transaction ID: SA11AI.76258 Amount of Each Receipt this Period 250.00
Name of Employer PINNACLE Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) DAVID NIETO Mailing Address 9013 CEDAR BLUFF		Date of Receipt 0 7 3 1 2 0 0 9
City NORTH RICHLAND HIL FEC ID number of contributing federal political committee.	State Zip Code TX 76180	Transaction ID: SA11AI.76793 Amount of Each Receipt this Period 100.00
Name of Employer PINNACLE Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 350.00	
Full Name (Last, First, Middle Initial) MICHAEL NOUD Mailing Address KALISPELL REGION 310 SUNNYVIEW LA	AL MEDICAL CENTER	Date of Receipt 0 7 1 0 2 0 0 9
City KALISPELL FEC ID number of contributing federal political committee.	State Zip Code MT 59901	Transaction ID: SA11AI.76013 Amount of Each Receipt this Period 250.00
Name of Employer NORTHERN ROCKIES ANESTHES- IA CONSULTANT Receipt For:	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		600.00

				_
;	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 85 / 139 (check only one)
	TEMIZED RECEIPTS		for each category of the	
	TI LIVIIZED TILGEIF 13		Detailed Summary Page	X 11a 11b 11c 12
г				13 14 15 16 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the n	itements ma	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
 	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,	
	' '		C DOLLTICAL ACTION COM	MITTEE
	AMERICAN SOCIETY OF ANESTHESI	OLOGIST	5 POLITICAL ACTION COM	MILLIEE
Α.	Full Name (Last, First, Middle Initial) RONALD OBERFOELL			Date of Receipt
	Mailing Address 1407 CASTLEHILL DR			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.76213
	ROCKFORD	IL	61107	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer ROCKFORD MEMORIAL HOSPITAL	Occupation		7
			IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General	' '	500.00	
	Other (specify)	0 0		1
В.	Full Name (Last, First, Middle Initial) BRADLEY OETMAN			Date of Receipt
	Mailing Address 7109 DAVID LN.			M M / D D / Y Y Y Y
	-			07 15 2009
	City	State	Zip Code	Transaction ID: SA11AI.76144
	COLLEYVILLE	TX	76034	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupatio	n	+
	Name of Employer PINNACLE ANESTHESIA CONSU-		 IESIOLOGIST	
	LTANTS Receipt For:		e Year-to-Date ▼	_
	Primary General	Aggregate	e rear-to-bate v	1
	Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial)			<u> </u>
C.	KATHLEEN OLEARY			Date of Receipt
	Mailing Address 81 LEXINGTON AVE			07 01 2009
	City	State	Zip Code	Transaction ID: SA11AI.75713
	BUFFALO	NY	14222	Amount of Each Receipt this Period
	FEC ID number of contributing			41.00
	federal political committee.	C		41.00
	Name of Employer ROSWELL PARK CANCER INSTI-	Occupatio		
	<u>TUTE</u>	ANESTH	IESIOLOGIST	_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		287.00	1
	Other (specify)	0 0	207.00	
Γ				
	SUBTOTAL of Receipts This Page (optional)			791.00
 				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 139 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may be name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) A. CHERIAN OOMMEN			Date of Receipt
Mailing Address 58 ORCHARD FARM	S LN.		07 27 2009
City	State	Zip Code	Transaction ID: SA11AI.76625
AVON FEC ID number of contributing federal political committee.	CT	06001	Amount of Each Receipt this Period 300.00
Name of Employer MILFORD ANESTHESIA ASSOCI- ATES	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) RONALD OSBORN			Date of Receipt
Mailing Address 4039 MARLOWE ST.			07 05 7 2009
City HOUSTON	State TX	Zip Code 77005	Transaction ID: SA11AI.75760 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	77000	250.00
Name of Employer GREATER HOUSTON ANESTHESI- OLOGIST	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ♥	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) KENNETH OSWALT			Date of Receipt
Mailing Address 2500 NORTH STATE	STREET		07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.75694
JACKSON FEC ID number of contributing federal political committee.	MS C	39216	Amount of Each Receipt this Period 83.00
Name of Employer UNIV. ANESTHESIA SERVICES, PLLC	_ '	ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 498.00	
SUBTOTAL of Receipts This Page (optional) .			633.00
TOTAL This Period (last page this line numbe	r only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 139 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	tatements may not be sold or used by any personame and address of any political committee to SIOLOGISTS POLITICAL ACTION COMP	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) PAUL PABST Mailing Address 80 TARA RD. City ORINDA FEC ID number of contributing federal political committee. Name of Employer MEDICAL ANES. CONSULTANTS Receipt For: Primary General Other (specify)	State Zip Code CA 94563 C Occupation PHYSICIAN Aggregate Year-to-Date 250.00	Date of Receipt M M J D D J Z D O 9 Transaction ID: SA11AI.75973 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) CRAIG PADAVICH Mailing Address 660 NOBLE HILL RD. City YAKIMA FEC ID number of contributing federal political committee. Name of Employer PHYSICIAN ANES. ASSOC. Receipt For: Primary General Other (specify)	State Zip Code WA 98908 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) BARBARA PAGE Mailing Address 11023 GREER DRIVE PO BOX 365 City RICHLAND FEC ID number of contributing federal political committee. Name of Employer KALAMAZOO ANESTHESIOLOGY, PC Receipt For: Primary General Other (specify)	State Zip Code MI 49083 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	Date of Receipt M M M / 28 / 2009 Transaction ID: SA11AI.76663 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)		1250.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	
A C	r for commercial purposes, other than using the	Statements may not be sold or used by any e name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS POLITICAL ACTION (COMMITTEE
۷.	Full Name (Last, First, Middle Initial) JUHAN PAISTE		Date of Receipt
	Mailing Address 4322 W. WYNDEMER		07 23 7 2009
	City SCHNECKSVILLE	State Zip Code PA 18078	Transaction ID: SA11AI.76518
	FEC ID number of contributing federal political committee.	C 10070	Amount of Each Receipt this Period 500.00
	Name of Employer ALLENTOWN ANESTHESIA ASSO- CIATES	Occupation M.D.	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
_ 3.	Full Name (Last, First, Middle Initial) PRATIK PANDHARIPANDE	1	Date of Receipt
	Mailing Address ANESTHESIOLOGY A 1211 21ST AVENUE	07 09 7 2009	
	City NASHVILLE	State Zip Code TN 37212	Transaction ID: SA11AI.75805 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer VANDERBILT UNIVERSITY MED- ICAL CENTER	Occupation INTENSIVIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
. –	Full Name (Last, First, Middle Initial) GEORGE PARKER	1	Date of Receipt
	Mailing Address 4603 HOLLY ST		07
	City BELLAIRE	State Zip Code TX 77401	Transaction ID: SA11AI.76782
	FEC ID number of contributing federal political committee.	TX 77401	Amount of Each Receipt this Period 250.00
	Name of Employer GREATER HOUSTON ANESTHESI- OLOGY	Occupation RESIDENT	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .	1	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and St	Use separate schedule(s) for each category of the Detailed Summary Page tatements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 89 / 139 (check only one) X
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) HARRY PARR Mailing Address 4725 TULLY RD. City BLOOMFIELD HILLS FEC ID number of contributing federal political committee. Name of Employer SOUTH OAKLAND ANESTHESIA ASSOCIATES Receipt For: Primary General Other (specify)	State Zip Code MI 48302 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 581.00	Date of Receipt M M O T O 1 2009 Transaction ID: SA11AI.75720 Amount of Each Receipt this Period 83.00
Full Name (Last, First, Middle Initial) REBECCA PATCHIN Mailing Address 18195 KROSS RD. City RIVERSIDE FEC ID number of contributing federal political committee. Name of Employer SELF Receipt For: Primary General Other (specify)	State Zip Code CA 92508 C Occupation PHYSICIAN Aggregate Year-to-Date 581.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) ANDREW PATE Mailing Address 2059 SKYHAWK CT. City MOUNT PLEASANT FEC ID number of contributing federal political committee. Name of Employer CHARLESTON ANES GRP Receipt For: Primary General Other (specify)	State Zip Code SC 29466 C Occupation PHYSICIAN Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	······	666.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 139 (check only one) X 11a 11b 11c 12 13 14 15 16 17	
or for commercial purposes, other than	ports and Statements may not be sold or used by any person using the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF AN	NESTHESIOLOGISTS POLITICAL ACTION COM	MITTEE	
Full Name (Last, First, Middle Initia SCOTT PAULSEN		Date of Receipt	
Mailing Address 3103 153RD		07 11 2009	
City URBANDALE	State Zip Code IA 50323	Transaction ID: SA11AI.76040 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer ASSOCIATED ANESTHESIOLOG STS, P.C.	Occupation ANESTHESIOLOGIST		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
3. CHAD PEDLEY			
Mailing Address 3103 BROAD	Mailing Address 3103 BROADMEAD DR.		
City	State Zip Code	Transaction ID: SA11AI.76776	
HOUSTON FEC ID number of contributing federal political committee.	TX 77025	Amount of Each Receipt this Period 250.00	
Name of Employer GHA	Occupation ANESTHESIOLOGIST MD		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initia RICHARD PETERS	1)	Date of Receipt	
Mailing Address 3182 WYNSL	JM AVE	07 16 2009	
City MERRICK	State Zip Code NY 11566	Transaction ID: SA11AI.76223	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00	
Name of Employer ROCKVILLE ANESTHESIA GRO	UP Occupation ANESTHESIOLOGIST		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
SUBTOTAL of Receipts This Page (optional)	1000.00	
	ne number only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 91 / 139 (check only one) X 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.	
1 1	ESIOLOGISTS POLITICAL ACTION COM	MITTEE	
Full Name (Last, First, Middle Initial) RICHARD PETERSEN		Date of Receipt	
Mailing Address 6308 RAINIER CT City	State Zip Code	07 28 2009	
LINCOLN	NE 68510	Transaction ID: SA11AI.76687 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer ASSOC. ANES.	Occupation PHYSICIAN		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) HUY PHAM		Date of Receipt	
Mailing Address 2411 FOUNTAINVIE	Mailing Address 2411 FOUNTAINVIEW DRIVE, SUITE 200		
City	State Zip Code	Transaction ID: SA11AI.76788	
HOUSTON	TX 77057	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С	500.00	
Name of Employer GREATER HOUSTON ANESTHESI- OLOGY, P.A.	Occupation ANESTHESIOLOGIST		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]	
Full Name (Last, First, Middle Initial) LOC PHAM	-1	Date of Receipt	
Mailing Address 501 20TH ST., #606		07 16 2009	
City	State Zip Code	Transaction ID: SA11AI.76209	
KNOXVILLE	TN 37916	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer ANESTHESWIA MEDICAL ALLIA- NCE OF E. TN	Occupation PHYSICIAN		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]	
SUBTOTAL of Receipts This Page (optional)		1000.00	
TOTAL This Period (last page this line numb	er only)		

Any information copied from such Reports and Sta or for commercial purposes, other than using the normal NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIC Full Name (Last, First, Middle Initial) EDGAR PIERRE Mailing Address 1800 NW 10TH AVE., Tocity MIAMI FEC ID number of contributing federal political committee. Name of Employer RYDER TRAUMA CENTER Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) MELVIN PITTS Mailing Address 5476 S. LAREDO ST. City CENTENNIAL FEC ID number of contributing	244 State FL Occupatio PHYSICI	S POLITICAL ACTION COM Zip Code 33137	o solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTHESIC Full Name (Last, First, Middle Initial) EDGAR PIERRE Mailing Address 1800 NW 10TH AVE., T. City MIAMI FEC ID number of contributing federal political committee. Name of Employer RYDER TRAUMA CENTER Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) MELVIN PITTS Mailing Address 5476 S. LAREDO ST. City CENTENNIAL FEC ID number of contributing	State FL C Occupatio PHYSICI	Zip Code 33137	Date of Receipt 0 7 0 1 2 0 0 9 Transaction ID: SA11AI.75737 Amount of Each Receipt this Period
EDGAR PIERRE Mailing Address 1800 NW 10TH AVE., T. City MIAMI FEC ID number of contributing federal political committee. Name of Employer RYDER TRAUMA CENTER Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) MELVIN PITTS Mailing Address 5476 S. LAREDO ST. City CENTENNIAL FEC ID number of contributing	State FL C Occupatio PHYSIC	33137	Transaction ID: SA11AI.75737 Amount of Each Receipt this Period
City MIAMI FEC ID number of contributing federal political committee. Name of Employer RYDER TRAUMA CENTER Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MELVIN PITTS Mailing Address 5476 S. LAREDO ST. City CENTENNIAL FEC ID number of contributing	State FL C Occupatio PHYSIC	33137	Transaction ID: SA11AI.75737 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer RYDER TRAUMA CENTER Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) MELVIN PITTS Mailing Address 5476 S. LAREDO ST. City CENTENNIAL FEC ID number of contributing	Occupation PHYSIC		
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) MELVIN PITTS Mailing Address 5476 S. LAREDO ST. City CENTENNIAL FEC ID number of contributing	PHYSIC	n	<u> </u>
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MELVIN PITTS Mailing Address 5476 S. LAREDO ST. City CENTENNIAL FEC ID number of contributing	Aggregate	IAN	
MELVIN PITTS Mailing Address 5476 S. LAREDO ST. City CENTENNIAL FEC ID number of contributing		e Year-to-Date ▼ 581.00	
City CENTENNIAL FEC ID number of contributing			Date of Receipt
CENTENNIAL FEC ID number of contributing	Mailing Address 5476 S. LAREDO ST.		
FEC ID number of contributing	State	Zip Code	Transaction ID: SA11AI.76182
federal political committee.	CO	80015	Amount of Each Receipt this Period
Name of Employer METRO DENVER ANESTHESIA	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) DEAN POLCE			Date of Receipt
Mailing Address 11281 PIPER PEAK LAN	NE		07 19 2009
City LAS VEGAS	State NV	Zip Code 89138	Transaction ID: SA11AI.76324 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ANESTHESIOLOGY CONSULTANT- S, INC CREDEN		IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			I

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 93 / 139 (check only one) X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal name and address of any political committee to SIOLOGISTS POLITICAL ACTION COM	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) VERONICA PORTER Mailing Address 5672 CEDAR CREEK City HOUSTON FEC ID number of contributing federal political committee. Name of Employer GREATER HOUSTON ANESTHESI-OLOGY Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) DAVID POWELL Mailing Address P.O. BOX 5587 City BEAUMONT FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA ASSOCIATES Receipt For: Primary General Other (specify)	State Zip Code TX 77726 C Occupation PHYSICIAN Aggregate Year-to-Date 581.00	Date of Receipt M M M / D D / 2009 Transaction ID: SA11AI.75709 Amount of Each Receipt this Period 83.00
Full Name (Last, First, Middle Initial) MATTHEW POWELL Mailing Address 425 SPRING HOLLO City MIDDLETOWN FEC ID number of contributing federal political committee. Name of Employer A.S.PA DEPT. OF ANESTHESI-OLOGY Receipt For: Primary General Other (specify)	W DR State Zip Code DE 19709 C Occupation PHYSICIAN Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M 23 23 2009 Transaction ID: SA11AI.76508 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional) .	·	583.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 94 / 139 (check only one) X
\ \ \	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION CON	IMITTEE
۸.	Full Name (Last, First, Middle Initial) HEATHER PULVERMACHER			Date of Receipt
	Mailing Address 202 SOUTH PARK S	1., 4 TOWER	1	07 15 2009
	City	State	Zip Code	Transaction ID: SA11AI.76162
	MADISON	WI	53715	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer MADISON ANES. CONSULTANTS	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
- 3.	Full Name (Last, First, Middle Initial) WILLIAM PURKEY	1		Date of Receipt
	Mailing Address 5445 PINE HOLLOW	07 30 YYYY 2009		
	City	State	Zip Code	Transaction ID: SA11AI.76761
	OVIEDO	FL	32765	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer JLR MEDICAL GROUP		IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) P. PURVES			Date of Receipt
-	Mailing Address PO BOX 627			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.76565
	AUBURN	AL	36831	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer AAOFEA	-, '	IESIOLIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)			1750.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, of the than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) ALVIN RALSTON Mailing Address 2411 FOUNTAIN VIEW DR STE 200 City State Zip Code TX 77057 FEC ID number of contributing feeder alpolitical committee. Name of Employer Receipt For: Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) STEPHANE RANDALL Mailing Address 6911 VAN DORN ST STE 2 City State Zip Code ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code ANESTHESIOLOGIST ANESTHESI	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 95 / 139 (check only one) X
ALVIN FALSTON Mailing Address 2411 FOUNTAIN VIEW DR STE 200 City State Zip Code HOUSTON TX 77057 FEC ID number of contributing federal political committee. C Occupation ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ WILMINGTON DE 19807 FEC ID number of contributing federal political committee. C Date of Receipt Date of Receipt Anount of Each Receipt this Period Date of Receipt Anount of Each Receipt this Period Date of Receipt Anount of Each Receipt this Period Date of Receipt Anount of Each Receipt this Period Date of Receipt Anount of Each Receipt this Period Date of Receipt Anount of Each Receipt this Period Date of Receipt Anount of Each Receipt this Period Date of Receipt Anount of Each Receipt this Period Date of Receipt Transaction ID: SA11AL.75776 Anount of Each Receipt this Period C Date of Receipt Date of Receipt Transaction ID: SA11AL.75776 Anount of Each Receipt this Period Date of Receipt Date of Receipt Transaction ID: SA11AL.75776 Anount of Each Receipt this Period Date of Receipt Transaction ID: SA11AL.75776 Anount of Each Receipt this Period Date of Receipt Transaction ID: SA11AL.75776 Anount of Each Receipt this Period Date of Receipt Transaction ID: SA11AL.75776 Anount of Each Receipt this Period Date of Receipt Transaction ID: SA11AL.75776 Anount of Each Receipt this Period Date of Receipt Transaction ID: SA11AL.75776 Anount of Each Receipt this Period Date of Receipt Transaction ID: SA11AL.75776 Anount of Each Receipt this Period Date of Receipt Transaction ID: SA11AL.75776 Anount of Each Receipt this Period Date of Receipt Transaction ID: SA11AL.75776 Anount of Each Receipt this Period Transaction ID: SA11AL.75776 Anount of Each Receipt this Period Transaction ID: SA11AL.75776 Anount of Each Receipt this Period Transaction ID: SA11AL.75776 Anount of Each Receipt this Period Transaction ID: SA11AL.75776 Anount of Each Receipt this Period	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and add	dress of any political committee to	solicit contributions from such committee.
City HOUSTON TX 77057 FEC ID number of contributing federal political committee. C Name of Employer General Other (specify) ▼ Full Name (Last, First, Middle Initial) FEC ID number of contributing federal political committee. C Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MELINDA RANDALL Mailing Address 5 ALDERS LN. City State Zip Code WILMINGTON DE 19807 FEC ID number of contributing federal political committee. C Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) FEC ID number of contributing federal political committee. C Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) FEC ID number of contributing federal political committee. C City Primary General Other (specify) ▼ State Zip Code LINCOLN NE 68506 FEC ID number of contributing federal political committee. C Receipt For: Primary General Other (specify) ▼ State Zip Code LINCOLN NE 68506 FEC ID number of contributing federal political committee. C Receipt For: Primary General Other (specify) ▼ State Zip Code NE 68506 FEC ID number of contributing federal political committee. C Receipt For: Primary General Other (specify) ▼ State Zip Code NE 68506 FEC ID number of contributing federal political committee. C Receipt For: Primary General Other (specify) ▼ State Zip Code NE 68506 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Amount of Each Receipt this Period Transaction ID: SA11AI.76796 Amount of Each Receipt this Period Transaction ID: SA11AI.75776 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Occupation ANESTHESIOLOGIST ASSOCIATED ANSESTHESIOLOGI- STAS. FC: Primary General Other (specify) ▼ State State Size Size Size Size Size Size Size Siz	ALVIN RALSTON			Date of Receipt
HOUSTON TX 77957 FEC ID number of contributing federal political committee. Name of Employer GREATER HOUSTON ANESTHESI-OLOGIST Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code WILLINGATON DE 19807 FEC ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ State Zip Code WILLINGTON DE 19807 FEC ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ Full Name (Last, First, Middle Initial) Amount of Each Receipt this Period Transaction ID: SA11A1.76799 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11A1.76799 Amount of Each Receipt this Period Date of Receipt Science	Mailing Address 2411 FOUNTAIN VIE	W DR STE 2	00	
FEC ID number of contributing federal political committee. Name of Employer And State First, Middle Initial) Stephale For: Aggregate Year-to-Date ▼			Zip Code	Transaction ID: SA11AI.76412
Name of Employer Aggregate Year-to-Date ▼	HOUSTON	TX	77057	Amount of Each Receipt this Period
Receipt For:		C		250.00
Primary General C C C C C C C C C				
MELINDA RANDALL Mailing Address 5 ALDERS LN. City State Zip Code WILMINGTON DE 19807 FEC ID number of contributing federal political committee. Name of Employer ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ City State Zip Code ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Transaction ID: SA11AI.76799 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.76799 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.76799 Date of Receipt Transaction ID: SA11AI.75776 Amount of Each Receipt Transaction ID: SA11AI.75776 Amount of Each Receipt this Period Transaction ID: SA11AI.75776 Amount of Each Receipt this Period Primary General Other (specify) ▼ Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	Primary General	Aggregate	250.00	
City State Zip Code WILMINGTON DE 19807 FEC ID number of contributing federal political committee. Name of Employer ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ C State Zip Code ANESTHESIOLOGIST Full Name (Last, First, Middle Initial) STEPHANIE RANDALL Mailing Address 6911 VAN DORN ST STE 2 C State Zip Code LINCOLN NE 68506 FEC ID number of contributing federal political committee. Name of Employer ASSOCIATED ANESTHESIOLOGI-STS, PC Receipt For: Primary General Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ C State Zip Code LINCOLN NE 68506 FEC ID number of contributing federal political committee. Name of Employer ASSOCIATED ANESTHESIOLOGI-STS, PC Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼				Date of Receipt
City State Zip Code DE 19807 MILMINGTON DE 19807 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C				M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA SERVICES Receipt For: Primary General Other (specify) ▼ City State Zip Code INCOLN FEC ID number of contributing federal political committee. Name of Employer ASSOCIATED ANESTHESIOLOGI-STS. P.C. Receipt For: Aggregate Year-to-Date ▼ Date of Receipt Date of Receipt No N O O O V Y Y Y Y Y O O O O O O O O O O O	•		'	Transaction ID: SA11AI.76799
Receipt For:	FEC ID number of contributing		13007	
Primary General Other (specify) ▼	Name of Employer ANESTHESIA SERVICES			
STEPHANIÈ RANDALL Mailing Address 6911 VAN DORN ST STE 2 City State Zip Code LINCOLN NE 68506 FEC ID number of contributing federal political committee. Name of Employer ASSOCIATED ANESTHESIOLOGISTS, PC Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ State Zip Code Transaction ID: SA11AI.75776 Amount of Each Receipt this Period Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 300.00	Primary General	Aggregate		
City LINCOLN State Zip Code NE 68506 FEC ID number of contributing federal political committee. Name of Employer ASSOCIATED ANESTHESIOLOGI- STS, PC Receipt For: Primary General Other (specify) ▼ OCUpation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 800.00	,			Date of Receipt
LINCOLN NE 68506 Amount of Each Receipt this Period C Name of Employer ASSOCIATED ANESTHESIOLOGI- STS, PC Receipt For: Primary	Mailing Address 6911 VAN DORN ST	STE 2		
FEC ID number of contributing federal political committee. Name of Employer ASSOCIATED ANESTHESIOLOGISTSTS, PC Receipt For: Primary General Other (specify) Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 300.00	•		•	
Name of Employer ASSOCIATED ANESTHESIOLOGI- STS, PC Receipt For: Primary Other (specify) ▼ Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 300.00		NE	68506	Amount of Each Receipt this Period
STS, PC Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		C		300.00
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00	Name of Employer ASSOCIATED ANESTHESIOLOGI- STS, PC			
Other (specify) 300.00	Receipt For:	Aggregate	Year-to-Date ▼	
SUPTOTAL of Possints This Page (entional)		0 0	300.00	
	SURTOTAL of Receipts This Page (entianel)			800.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports and	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 96 / 139 (check only one) X
NAME OF COMMITTEE (In Full)	the name and address of any political committee to	
A. FREDERICK RHODES Mailing Address 2164 CHILTON RD.		Date of Receipt M M
City HOUSTON FEC ID number of contributing	State Zip Code TX 77019	Transaction ID: SA11AI.76676 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify)	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) MICHEAL RICE Mailing Address 3518 ESTATES DR City ARLINGTON FEC ID number of contributing federal political committee. Name of Employer PINNACLE ANESTHESIA CONSULTANTS Receipt For:	State Zip Code TX 76016 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼	Date of Receipt O 7
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) RICHARD RICE Mailing Address 20 OAK RIDGE City FORT THOMAS FEC ID number of contributing federal political committee. Name of Employer INDEPENDENT ANESTHESIOLOG-	State Zip Code KY 41075 C	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
INDEPENDENT ANESTHESIOLOG- ISTS, PSC Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	PHYSICIAN ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 500.00	1000.00

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,	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 97 / 139		
	TEMIZED RECEIPTS		for each category of the	(check only one)		
	I EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12		
Г				13 14 15 16 17		
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	MITTEE		
Α.	Full Name (Last, First, Middle Initial) WILLIAM ROBERTS			Date of Receipt		
	Mailing Address 1408 BLUEGRASS LN	N		07 10 2009		
	City	State	Zip Code	Transaction ID: SA11AI.75946		
	CHAMPAIGN	IL	61822	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer ILLIANA VA HEALTHCARE SYS- TEM DEPT OF S	Occupation PHYSIC				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		250.00			
	Other (specify) ▼	0 0		1		
В.	Full Name (Last, First, Middle Initial) LEOPOLDO RODRIGUEZ	•		Date of Receipt		
	Mailing Address 21050 POINT PLACE	07 10 2009				
	City	City State Zip Code				
	AVENTURA	FL	33180	Transaction ID: SA11AI.75993 Amount of Each Receipt this Period		
			33100	Afflourit of Each Neceipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer SHERIDAN HLTH CORP	Occupation ANESTH	on HESIOLOGIST			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	500.00			
С.	Full Name (Last, First, Middle Initial) STEPHEN ROSEMAN			Date of Receipt		
	Mailing Address 109 BEVERLY LN	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: SA11AI.76414		
	BELLAIRE	TX	77401	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer GREATER HOUSTON ANESTHESIA	Occupation ANESTH	on HESIOLOGIST			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		500.00	1		
	Other (specify) ▼		300.00			
	SUBTOTAL of Receipts This Page (optional)			1250.00		
- 1				The state of the s		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 98 / 139 (check only one) X
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	e name and ad	dress of any political committee to	o solicit contributions from such committee.
۱.	Full Name (Last, First, Middle Initial) DEREK ROSNER Mailing Address 7 ARLINGTON DRIV			Date of Receipt
	City	Ctata	7in Codo	07 28 2009
	City AVON	State CT	Zip Code 06001	Transaction ID: SA11AI.76638 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer MILFORD ANESTHESIA ASSOCI- ATES, PC	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
-	Full Name (Last, First, Middle Initial) STUART ROTH			Date of Receipt
	Mailing Address 7261 DOCKSIDE LN.			07 09 YYYY 2009
	City	State	Zip Code	Transaction ID: SA11AI.75835
	COLUMBIA	MD	21045	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer GOOD SAMARITAN HOSPITAL	Occupation ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
_	Full Name (Last, First, Middle Initial) LAWRENCE ROY			Date of Receipt
	Mailing Address 2420 FREEMAN MAN	07 01 YYYY 2009		
	City	State	Zip Code	Transaction ID: SA11AI.75700
	JONES	OK	73049	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			83.00
	Name of Employer OKLAHOMA ANESTHESIA CONSU- LTANTS Descript For		IESIOLIGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 581.00	
	SUBTOTAL of Receipts This Page (optional)	1		583.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 99 / 139 (check only one) X
Ar	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
۸.	Full Name (Last, First, Middle Initial) DANIEL RUDZINSKI			Date of Receipt
	Mailing Address 52188 PLANTATION [DR		07 18 2009
	City	State	Zip Code	Transaction ID: SA11AI.76311
	GRANGER () I'I I'I	IN	46530	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SELF	Occupatio PHYSICI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	7
	Full Name (Last, First, Middle Initial) KRISTINA RUYBALID			Date of Receipt
	Mailing Address 22145 SW 107TH AVE	07 25 YYYY 2009		
	City	State	Zip Code	Transaction ID: SA11AI.76561
	TUALATIN	OR	97062	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer KAISER SUNNYSIDE MEDICAL CENTER DEPT.	Occupatio PHYSICI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial)			Date of Bearint
•	PAUL SALCIDO Mailing Address 4316 ST. ANDREWS			Date of Receipt 0 7 2 3 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.76520
	IRVING	TX	75038	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer PINNACLE PARTNERS IN MEDI- CINE	Occupatio PHYCISI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	UBTOTAL of Receipts This Page (optional)	1		1500.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 100 / 139 (check only one) X 11a
Any information copied from such Repor or for commercial purposes, other than u	ts and Statements may not be sold or used by any perso sing the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
AMERICAN SOCIETY OF ANE	STHESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) JOSEPH SANDOR		Date of Receipt
Mailing Address 8625 E. CLYDE	SDALE TR.	07 08 2009
City	State Zip Code	Transaction ID: SA11AI.75780
SCOTTSDALE	AZ 85258	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer VALLEY ANES. CONSULTANTS, LTD.	Occupation ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) BRIAN SCHANDER	I	Date of Receipt
Mailing Address 2624 WINTER	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: SA11AI.76262
NAPERVILLE	IL 60565	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer DUPAGE VALLEY ANES	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DEREK SCHOPPA		Date of Receipt
Mailing Address 4606 HOLLY S	Γ	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.76446
BELLAIRE	TX 77401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer GREATER HOUSTON ANESTHES OLOGY	Occupation ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	250.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and	Use separate sche for each category on Detailed Summary Statements may not be sold or used by	f the Page X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE		ommittee to solicit contributions from such committee. ON COMMITTEE
Full Name (Last, First, Middle Initial) A. GREG SCHROEDER Mailing Address 3280 LAKE SHORE [PR.	Date of Receipt
City ORLANDO	State Zip Code FL 32803	Transaction ID: SA11AI.76795 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer JLR MEDICAL GROUP	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	50.00
Full Name (Last, First, Middle Initial) CHARLES SESSIONS Mailing Address 3501 COLGATE AVE	1	Date of Receipt
City	State Zip Code	0 7 2 7 2 0 0 9 Transaction ID: SA11AI.76601
DALLAS FEC ID number of contributing federal political committee.	TX 75225	Amount of Each Receipt this Period 250.00
Name of Employer METROPOLITAN ANES. CONSUL- TANTS Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼	50.00
Full Name (Last, First, Middle Initial) C. CHARLES SETTOON		Date of Receipt
Mailing Address 503 S 3RD ST		07 27 2009
City <u>BELLAIRE</u>	State Zip Code TX 77401	Transaction ID: SA11AI.76590 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer GREATER HOUSTON ANES.	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	00.00
SUBTOTAL of Receipts This Page (optional)	1	1000.00

City MULLICA HILL NJ 08062 FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA SERVICES, P.A. Full Name (Last, First, Middle Initial) ALEXANDRU SEVICIU Mailing Address PFC ID number of contributing federal political committee. FULL Name (Last, First, Middle Initial) ALEXANDRU SEVICIU Mailing Address PFC ID number of contributing federal political committee. City State Name of Employer Aggregate Year-to-Date Date of Receipt Transaction ID: SA11AI.76103 Amount of Each Receipt this Peric Transaction ID: SA11AI.76103 Amount of Each Receipt this Peric Date of Receipt Transaction ID: SA11AI.76103 Amount of Each Receipt this Peric 250.00 Transaction ID: SA11AI.76103 Amount of Each Receipt this Peric 250.00 Transaction ID: SA11AI.76103 Amount of Each Receipt this Peric Date of Receipt Transaction ID: SA11AI.76103 Amount of Each Receipt This Peric Date of Receipt Transaction ID: SA11AI.76103 Transaction ID: SA11AI.76103 Amount of Each Receipt This Peric Transaction ID: SA11AI.76103 Transaction ID: SA11AI.76103 Amount of Each Receipt Transaction ID: SA11AI.76432	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 102 / 139 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Let I Name (Last, First, Middle Initial) EDWARD SEUGLING Mailing Address 1103 JASMINE CT. City State Zip Code MULLICA HILL NJ 08062 FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA SERVICES, P.A. ANESTHESIOLOGIST ALEXANDRU SEVICIU Mailing Address 92 OAK GROVE DRIVE City State Zip Code ME 04412 Date of Receipt Date of Receipt Transaction ID: SA11AI.76103 Amount of Each Receipt this Peric Date of Receipt Transaction ID: SA11AI.76103 Amount of Each Receipt this Peric Date of Receipt Transaction ID: SA11AI.76103 Amount of Each Receipt this Peric Date of Receipt Transaction ID: SA11AI.76103 Amount of Each Receipt this Peric Date of Receipt Date of Receipt Transaction ID: SA11AI.76103 Amount of Each Receipt this Peric Date of Receipt Transaction ID: SA11AI.76103 Amount of Each Receipt this Peric Date of Receipt Transaction ID: SA11AI.76103 Amount of Each Receipt this Peric Date of Receipt Transaction ID: SA11AI.76103 Amount of Each Receipt this Peric Date of Receipt Transaction ID: SA11AI.76103 Amount of Each Receipt this Peric Date of Receipt Transaction ID: SA11AI.76103 Amount of Each Receipt this Peric Date of Receipt Date of Receipt Transaction ID: SA11AI.76103 Amount of Each Receipt this Peric Date of Receipt Transaction ID: SA11AI.76432 Amount of Each Receipt this Peric Date of Receipt Transaction ID: SA11AI.76432 Amount of Each Receipt this Peric Date of Receipt Transaction ID: SA11AI.76432 Amount of Each Receipt this Peric Date of Receipt Transaction ID: SA11AI.76432 Amount of Each Receipt this Peric Date of Receipt Transaction ID: SA11AI.76432 Amount of Each Receipt this Peric Date of Receipt Transaction ID: SA11AI.76432 Amount of Each Receipt this Peric Date of Receipt Transaction ID: SA11AI.76432 Amount of Each Receipt this Peric Date of Receipt Transaction ID: SA11AI.76432 Amount of Each Receipt this Peric Date of Receipt Transaction ID: SA11AI.76432 Amount of Each Receipt this Peric Date of Rece	r for commercial purposes, other than using the r NAME OF COMMITTEE (In Full)	name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Receipt For: Primary	EDWARD SEUGLING Mailing Address 1103 JASMINE CT. City MULLICA HILL FEC ID number of contributing federal political committee.	NJ 08062	M M / D D / Y Y Y Y
ALEXANDRU SEVICIU Mailing Address 92 OAK GROVE DRIVE City State Zip Code BREWER ME 04412 FEC ID number of contributing federal political committee. Name of Employer EAST ERN MAINE MEDICAL CENTER Receipt For: Primary General Other (specify) ▼ City State Zip Code ME 04412 Transaction ID: SA11Al.76103 Amount of Each Receipt this Peric 250.00 Transaction ID: SA11Al.76103 Amount of Each Receipt this Peric 250.00 Date of Receipt Transaction ID: SA11Al.76103 Amount of Each Receipt this Peric 250.00 Date of Receipt Transaction ID: SA11Al.76432 Transaction ID: SA11Al.76432 Transaction ID: SA11Al.76432 Amount of Each Receipt Transaction ID: SA11Al.76432 Transaction ID: SA11Al.76432 Transaction ID: SA11Al.76432 Amount of Each Receipt Transaction ID: SA11Al	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
City State Zip Code ME 04412 FEC ID number of contributing federal political committee. Name of Employer EASTERN MAINE MEDICAL CENTER Receipt For: Primary General Other (specify) ▼ City State Zip Code Answer Transaction ID: SA11AI.76103 Amount of Each Receipt this Peric 250. Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) ROBERT SHAFFER Mailing Address 1520 E 69TH ST City State Zip Code Transaction ID: SA11AI.76432 KEARNEY NE 68847 FEC ID number of contributing federal political committee. Name of Employer DOCTORS ANESTHESIA GROUP ANESTHESIOLOGIST Receipt For: Primary General Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼	ALEXANDRU SEVICIU	======================================	M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer	•	Transaction ID: SA11AI.76103	
TER Receipt For:	FEC ID number of contributing		Amount of Each Receipt this Period 250.00
ROBERT SHAFFER Mailing Address 1520 E 69TH ST City State Zip Code KEARNEY NE 68847 FEC ID number of contributing federal political committee. Name of Employer DOCTORS ANESTHESIA GROUP Receipt For: Primary General Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	TER Receipt For: Primary General	ANESTHESIOLOGIST Aggregate Year-to-Date ▼	
City State Zip Code NE 68847 FEC ID number of contributing federal political committee. Name of Employer DOCTORS ANESTHESIA GROUP Receipt For: Primary General O 7 22 200 Transaction ID: SA11AI.76432 Amount of Each Receipt this Period 250.	ROBERT SHAFFER		<u> </u>
KEARNEY NE 68847 FEC ID number of contributing federal political committee. C 250. Amount of Each Receipt this Period 250. Occupation ANESTHESIOLOGIST Receipt For: Primary General Aggregate Year-to-Date ▼ 250.00		07 22 2009	
FEC ID number of contributing federal political committee. Name of Employer DOCTORS ANESTHESIA GROUP Receipt For: Primary General Aggregate Year-to-Date 250.	•	•	
DOCTORS ANESTHESIA GROUP ANESTHESIOLOGIST Receipt For: Primary General Aggregate Year-to-Date ▼	FEC ID number of contributing		250.00
Primary General 350,00	Name of Employer DOCTORS ANESTHESIA GROUP		
	Primary General	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)		1000.00

Receipt For: Primary	Zip Code 21601 Zip Code 21601 Zip Code 21600 Zip Code 21601	to solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTHESIOLOGIST Full Name (Last, First, Middle Initial) KASINATHAN SHANMUGAM Mailing Address 7581 EASTON CLUB DR. City State EASTON MD FEC ID number of contributing federal political committee. Name of Employer TIDEWATER ANESTHESIA PA Receipt For: Aggrega Primary General Other (specify) Mailing Address 909 CAMBRIDGE OVAL City State SAN ANTONIO TX FEC ID number of contributing federal political committee. Name of Employer TEJAS ANESTHESIA Receipt For: Occupating federal political committee. Name of Employer TEJAS ANESTHESIA Receipt For: Aggrega Other (specify) Full Name (Last, First, Middle Initial) Other (specify) Full Name (Last, First, Middle Initial) HORNGFU SHIAU	Zip Code 21601 on HESIOLOGIST e Year-to-Date Zip Code 78209	Date of Receipt M M D D Q 2 0 0 9
Mailing Address 7581 EASTON CLUB DR. City State EASTON MD FEC ID number of contributing federal political committee. Name of Employer TIDEWATER ANESTHESIA PA Receipt For: Aggrega Other (specify) ▼ Full Name (Last, First, Middle Initial) WILLIAM SHARP Mailing Address 909 CAMBRIDGE OVAL City State SAN ANTONIO TX FEC ID number of contributing federal political committee. Name of Employer TEJAS ANESTHESIA ANESTHESIA Receipt For: Occupating federal political committee. Name of Employer TEJAS ANESTHESIA Receipt For: Aggrega Full Name (Last, First, Middle Initial) Other (specify) ▼ Full Name (Last, First, Middle Initial) HORNGFU SHIAU	21601 on HESIOLOGIST e Year-to-Date ▼ 1000.00 Zip Code 78209	Transaction ID: SA11AI.75782 Amount of Each Receipt this Period Date of Receipt M M M D D D M Y Y Y Y Y Y Y Y Y Y Y Y Y
City State EASTON MD FEC ID number of contributing federal political committee. Name of Employer TIDEWATER ANESTHESIA PA Receipt For: Aggrega Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) WILLIAM SHARP Mailing Address 909 CAMBRIDGE OVAL City State SAN ANTONIO TX FEC ID number of contributing federal political committee. Name of Employer TEJAS ANESTHESIA Receipt For: Occupati ANEST Receipt For: Aggrega Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) HORNGFU SHIAU	21601 on HESIOLOGIST e Year-to-Date ▼ 1000.00 Zip Code 78209	Date of Receipt Date of Receipt Date of Rec
FEC ID number of contributing federal political committee. Name of Employer TIDEWATER ANESTHESIA PA Receipt For: Primary General Other (specify) Mailing Address 909 CAMBRIDGE OVAL City State SAN ANTONIO TX FEC ID number of contributing federal political committee. Name of Employer TEJAS ANESTHESIA Receipt For: Primary General Occupating Address Occupating ANESTHESIA Receipt For: Primary General Other (specify) General Other (specify) Full Name (Last, First, Middle Initial) HORNGFU SHIAU	Din HESIOLOGIST e Year-to-Date ▼ 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federal political committee. Name of Employer TIDEWATER ANESTHESIA PA Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) WILLIAM SHARP Mailing Address 909 CAMBRIDGE OVAL City State SAN ANTONIO TX FEC ID number of contributing federal political committee. Name of Employer TEJAS ANESTHESIA Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) HORNGFU SHIAU	HESIOLOGIST e Year-to-Date 1000.00 Zip Code 78209	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) WILLIAM SHARP Mailing Address 909 CAMBRIDGE OVAL City State SAN ANTONIO TX FEC ID number of contributing federal political committee. Name of Employer TEJAS ANESTHESIA Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) HORNGFU SHIAU	HESIOLOGIST e Year-to-Date ▼ 1000.00 Zip Code 78209	Transaction ID: SA11AI.75885 Amount of Each Receipt this Period
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) WILLIAM SHARP Mailing Address 909 CAMBRIDGE OVAL City State SAN ANTONIO TX FEC ID number of contributing federal political committee. Name of Employer TEJAS ANESTHESIA Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) HORNGFU SHIAU	78209	Transaction ID: SA11AI.75885 Amount of Each Receipt this Period
MILLIAM SHARP Mailing Address 909 CAMBRIDGE OVAL City State SAN ANTONIO TX FEC ID number of contributing federal political committee. Name of Employer TEJAS ANESTHESIA Occupati ANESTHESIA Receipt For: Aggrega Other (specify) ▼ Full Name (Last, First, Middle Initial) HORNGFU SHIAU	78209	Transaction ID: SA11AI.75885 Amount of Each Receipt this Period
City SAN ANTONIO TX FEC ID number of contributing federal political committee. Name of Employer TEJAS ANESTHESIA Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) HORNGFU SHIAU	78209	Transaction ID: SA11AI.75885 Amount of Each Receipt this Period
SAN ANTONIO TX FEC ID number of contributing federal political committee. Name of Employer TEJAS ANESTHESIA Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) HORNGFU SHIAU	78209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer TEJAS ANESTHESIA Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) HORNGFU SHIAU		
federal political committee. Name of Employer TEJAS ANESTHESIA Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) HORNGFU SHIAU		250.00
TEJAS ANESTHESIA Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) HORNGFU SHIAU	an .	
Primary General Other (specify) Full Name (Last, First, Middle Initial) HORNGFU SHIAU	HESIOLOGIST	
Other (specify) Full Name (Last, First, Middle Initial) HORNGFU SHIAU	e Year-to-Date ▼	_
HORNGFU SHIAU	250.00	
Mailing Address 8 MEADOW CT.		Date of Receipt
		07 12 7 2009
City State MONTVILLE NJ	Zip Code 07045	Transaction ID: SA11AI.76064
FEC ID number of contributing federal political committee.	07045	Amount of Each Receipt this Period 500.00
Name of Employer MORRIS ANESTHESIA GROUP Occupati PHYSIC		
Receipt For: Primary General Other (specify) ▼	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		

	LE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 104 / 139 (check only one) X
	on copied from such Reports and cial purposes, other than using the COMMITTEE (In Full)	Statements may be name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
AMERICA	AN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
PETER SH				Date of Receipt
	dress 4215 THORNAPPLE		7in Code	07 21 2009
City <u>CHEVY (</u>	CHASE	State MD	Zip Code 20815	Transaction ID: SA11AI.76386 Amount of Each Receipt this Period
FEC ID nu	mber of contributing tical committee.	С		500.00
Name of E HOLY CRO OF ANES	mployer OSS HOSPITAL DEPT.	Occupatio ANESTH	n IESIOLOGIST	
Receipt Fo	r:	Aggregate	e Year-to-Date ▼ 500.00	
	(Last, First, Middle Initial) E SHINBAUM			Date of Receipt
Mailing Add	dress 343 ROLLING HILLS	07 27 2009		
City		State	Zip Code	Transaction ID: SA11AI.76632
FAIRFIEI		СТ	06824	Amount of Each Receipt this Period
	mber of contributing tical committee.	C		300.00
Name of E MILFORD ATES	mployer ANESTHESIA ASSOCI-	Occupatio ANESTH	n IESIOLOGIST	
Receipt Fo		Aggregate	e Year-to-Date ▼	
	r (specify)		300.00	
Full Name JOHN SIKC	(Last, First, Middle Initial) DRA			Date of Receipt
Mailing Add	dress 900 PEELER ST			07 27 2009
City KALAMA	700	State MI	Zip Code 49008	Transaction ID: SA11AI.76622
FEC ID nu	mber of contributing tical committee.	C	49008	Amount of Each Receipt this Period 500.00
PC	mployer OO ANESTHESIOLOGY,	Occupatio ANESTH	n ESIOLOGIST	
Receipt Fo Prima Othe		Aggregate	e Year-to-Date ▼ 500.00	
SURTOTAL	of Receipts This Page (optional).	1		1300.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 105 / 139 (check only one) X
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
	Full Name (Last, First, Middle Initial) KENNETH SILVERSTEIN			Date of Receipt
	Mailing Address 4755 OGLETOWN S' ANES., SUITE #2603			07 23 7 2009
	City	State	Zip Code	Transaction ID: SA11AI.76448
	NEWARK	DE	19718	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer CHRISTIANA CARE HEALTH SY- STEM	Occupation ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial) NICHOLAS SIMMONS			Date of Receipt
	Mailing Address 629 CLEVELAND AV	07 10 / Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11AI.75909
	KIRKWOOD	MO	63122	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SOUTH COUNTY ANESTHESIA ASSOCIATES	Occupation ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	250.00	
_	Full Name (Last, First, Middle Initial) ABRAHAM SIMON			Date of Receipt
	Mailing Address 91 OLD SMALLEYTC	07 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11AI.76001
	WARREN	NJ	07059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ACNJ	Occupation ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
		<u> </u>		1000.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 106 / 139 (check only one) X 11a			
or for commercial purposes, other than u	ts and Statements may not be sold or used by any persising the name and address of any political committee to	o solicit contributions from such committee.			
Full Name (Last, First, Middle Initial) BRADFORD SMITH		Date of Receipt			
	PERING MEADOW LN.	07 10 2009			
City KAYSVILLE	State Zip Code UT 84037	Transaction ID: SA11AI.75952 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer MOUNTAIN WEST ANESTHESIA	Occupation ANESTHESIOLOGIST				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) DARYL SMITH		Date of Receipt			
Mailing Address 4615 PIONEEF	Mailing Address 4615 PIONEER TRAIL				
City	State Zip Code	Transaction ID: SA11AI.76750			
OKEMOS FEC ID number of contributing federal political committee.	MI 48864	Amount of Each Receipt this Period 400.00			
Name of Employer LANSING ANESTH	Occupation ANESTHESIOLOGIST				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00				
Full Name (Last, First, Middle Initial) JEREMY SMITH					
Mailing Address 103 RESEDA L	N.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code	Transaction ID: SA11AI.75688			
DOTHAN FEC ID number of contributing federal political committee.	AL 36305	Amount of Each Receipt this Period 83.00			
Name of Employer ANESTHESIA CONSULTANTS ME D. GROUP	Name of Employer ANESTHESIA CONSULTANTS ME- D. GROUP STAFF ANESTHESIOLOGIST				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 581.00				
	tional)	733.00			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 107 / 139 (check only one) X	
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	the name and add	dress of any political committee to	solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) JOHN SNELL Mailing Address 28134 CANTERBU	RY CT		Date of Receipt	
City EASTON FEC ID number of contributing	State MD	Zip Code 21601	Transaction ID: SA11AI.75747 Amount of Each Receipt this Period 1000.00	
rederal political committee. Name of Employer TIDEWATER ANESTHESIA ASSO- C., LLC Receipt For: Primary General Other (specify) ▼	Occupation ANESTH	n ESIOLOGIST 9 Year-to-Date ▼ 1000.00]	
Full Name (Last, First, Middle Initial) DOUGLAS SPURGEON Mailing Address 6911 VAN DORN, S	Date of Receipt 0 7 0 9 2 0 0 9			
City	·			
LINCOLN FEC ID number of contributing federal political committee.	C	68506	Amount of Each Receipt this Period 250.00	
Name of Employer ASSOCIATED ANESTHESIOLOGY, P.C. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		ESIOLOGIST Year-to-Date 250.00]	
Full Name (Last, First, Middle Initial) STEPHEN STARLING			Date of Receipt	
Mailing Address 2036 MAGNOLIA F	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$			
City BIRMINGHAM	State AL	Zip Code 35243	Transaction ID: SA11AI.76588 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	332.0	500.00	
Name of Employer ANESTHESIA RESOURCES MANA- GEMENT Receipt For:		n ESIOLOGIST Year-to-Date		
Primary General Other (specify) ▼	Aggregate	1000.00]	
SUBTOTAL of Receipts This Page (optional	al)		1750.00	

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 108 / 139 (check only one) X
0	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
۸.	Full Name (Last, First, Middle Initial) MICHAEL STEARNS			Date of Receipt
	Mailing Address 10541 E WINDROSE			07 31 2009
	City SCOTTSDALE	State AZ	Zip Code 85259	Transaction ID: SA11AI.76813 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	03239	500.00
	Name of Employer VALLEY ANES CONSULT	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) MATTHEW STEPHENS			Date of Receipt
	Mailing Address P.O. BOX 14369	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
	City	State	Zip Code	Transaction ID: SA11AI.75845
	CHICAGO	IL	60614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer SELF EMPLOYED	Occupation PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1000.00	
_	Full Name (Last, First, Middle Initial) RICHARD STERN	Date of Receipt		
	Mailing Address 46 SPRINGBROOK L	07 23 2009		
	City	State	Zip Code	Transaction ID: SA11AI.76514
	NEWARK FEC ID number of contributing federal political committee.	C	19711	Amount of Each Receipt this Period 250.00
	Name of Employer ANESTHESIA SERVICES, P.A.	Occupation ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Γ	SUBTOTAL of Receipts This Page (optional) .	1		1750.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS Any information copied from such Reports	for each category of the Detailed Summary Page and Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 109 / 139 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	ing the name and address of any political committee to	
Full Name (Last, First, Middle Initial) DOUGLAS STEWART Mailing Address 1214 RED ROAN	J I ANF	Date of Receipt
City	State Zip Code	0 7 2 5 2 0 0 9 Transaction ID: SA11Al.76569
LOVELAND	OH 45140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ANESTHESIA ASSOCIATES OF CINCINNATI	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) TODD STINE		Date of Receipt
Mailing Address 1626 LOOKOUT	LANDING CIR	07 24 2009
City WINTER PARK	State Zip Code FL 32789	Transaction ID: SA11AI.76545 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer JLR MEDICAL GROUP	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) LOIS STOLTZE		Date of Receipt
Mailing Address 12TH AND DOU	GLAS	07 13 2009
City AMES	State Zip Code IA 50010	Transaction ID: SA11AI.76076 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer MC FARLAND CLINIC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	onal)	1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 110 / 139 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any p the name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MATTHEW STONER Mailing Address 3098 GETTY WAY City ORLANDO FEC ID number of contributing federal political committee. Name of Employer JLR MEDICAL GROUP Receipt For: Primary General	#104 State Zip Code FL 32835 C Occupation PHYSICIAN Aggregate Year-to-Date	Date of Receipt M M
Other (specify) ▼ Full Name (Last, First, Middle Initial) LOUIS STOOL Mailing Address PO BOX 7637 City DALLAS	250.00 State Zip Code TX 75209	Date of Receipt M M M
FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF TEXAS SOUTH-WESTERN MEDIC Receipt For: Primary General Other (specify)	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 500.00	500.00
Full Name (Last, First, Middle Initial) AIMEE STOTZ Mailing Address 5079 W. CATALPA		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City CHICAGO FEC ID number of contributing federal political committee.	State Zip Code IL 60630	Transaction ID: SA11AI.76319 Amount of Each Receipt this Period 500.00
Name of Employer ANESTHESIA CONSULTANTS, LTD, LAKE FORE Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	
SUBTOTAL of Receipts This Page (optional		1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 111 / 139 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions
	HESIOLOGISTS POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) BARRY MICHAEL STOWE Mailing Address 2101 DARTMOUTH	l PL	Date of Receipt
City CHARLOTTE	State Zip Code NC 28207	Transaction ID: SA11AI.76376 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer SOUTHEAST ANESTHESIOLOGY CONSULTANTS Receipt For:	Occupation ANESTHESIOLOGIST	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) ANTHONY STUART	'	Date of Receipt
Mailing Address 8 MUIRFIELD LN		07 10 2009
City	State Zip Code	Transaction ID: SA11AI.75894
AMARILLO	TX 79124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer AMARILLO ANESTHESIA ASSOC- IATES	Occupation ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) MARTHA SZABO	1	Date of Receipt
Mailing Address 18 WIVELISCOMB	E	$\begin{bmatrix} M & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$
City	State Zip Code OH 43054	Transaction ID: SA11AI.76616
NEW ALBANY FEC ID number of contributing federal political committee.	OH 43054	Amount of Each Receipt this Period 250.00
Name of Employer OSUMC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	l)	1250.00
TOTAL This Period (last page this line num	ber only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 112 / 139 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any p the name and address of any political committe	e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CAROL TAKVORIAN Mailing Address 42 OLD MIDDLESE City BELMONT FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For:	State Zip Code MA 02478 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	Date of Receipt 0 7 2 2 2 2 0 0 9 Transaction ID: SA11AI.76404 Amount of Each Receipt this Period 600.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) JOSEPH TALARICO Mailing Address DEPT. OF ANES.	600.00	Date of Receipt
200 LOTHROP ST. City PITTSBURGH FEC ID number of contributing federal political committee.	NW 463 State Zip Code PA 15213 C	Transaction ID: SA11AI.75703 Amount of Each Receipt this Period 41.00
Name of Employer UPMC PRESBYTERIAN Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 287.00	
Full Name (Last, First, Middle Initial) RAVI TAMERISA Mailing Address 11602 BLALOCK F	OREST ST	Date of Receipt 0 7 3 1 2 0 0 9
City HOUSTON FEC ID number of contributing federal political committee.	State Zip Code TX 77024	Transaction ID: SA11AI.76780 Amount of Each Receipt this Period 250.00
Name of Employer GREATER HOUSTON ANESTHESI- OLOGY Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST MD Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	1)	891.00

Mailing Address 10615 WOODPECKER RD City State Zip Code VA 23838 FEC ID number of contributing federal political committee. Name of Employer COMMONWEALTH ANESTHESIA ASSOCIATIS Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) SCOTT THOMPSON Mailing Address 1215 PLEASANT ST., #400 City State Zip Code IA 50309 FEC ID number of contributing federal political committee. Name of Employer ASSOCIATED ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST STS PC ANESTHESIOLOGIST	LINE NUMBER: PAGE 113 / 139 ck only one) 11a
Full Name (Last, First, Middle Initial) MARCYTHOMAS Mailing Address 10615 WOODPECKER RD City State Zip Code CHESTERFIELD VA 23838 FEC ID number of contributing federal political committee. Name of Employer COMMONWEALTH ANESTHESIA ASSOCIATIS Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) SCOTT THOMPSON Mailing Address 1215 PLEASANT ST., #400 City State Zip Code DES MOINES IA 50309 FEC ID number of contributing federal political committee. Name of Employer ASSOCIATED ANESTHESIOLOGI- STS PC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) CC STS PC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) CC Full Name (Last, First, Middle Initial) EUGENE TOLPIN Mailing Address 1309 OBERLIN RD., GREEN ACRES City State Zip Code Tity WILMINGTON FEC ID number of contributing federal political committee. City State Zip Code Tity WILMINGTON DE 19803 FEC ID number of contributing federal political committee. Name of Employer ANESTHESIOLOGIST Name of Employer ANESTHESIA SERVICES,P.A. Occupation ANESTHESIOLOGIST	contributions from such committee.
MARCYTHOMAS Mailing Address 10615 WOODPECKER RD City State Zip Code YA 23838 FEC ID number of contributing federal political committee. Name of Employer COMMONWEALTH ANESTHESIA ASSOCIATIS Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) SCOTT THOMPSON Mailing Address 1215 PLEASANT ST., #400 City State Zip Code IA 50309 FEC ID number of contributing federal political committee. Name of Employer ASSOCIATED ANESTHESIOLOGI-STS PC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) City State Zip Code IA 50309 ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Full Name of Employer ASSOCIATED ANESTHESIOLOGI-STS PC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) EUGENE TOLPIN Mailing Address 1309 OBERLIN RD., GREEN ACRES City State Zip Code The	:E
City CHESTERFIELD VA 23838 FEC ID number of contributing federal political committee. Name of Employer COMMONWEALTH ANESTHESIA ANSOCIATIS Receipt For: Primary General Other (specify) ▼	ate of Receipt
CHESTERFIELD CHESTERFIELD VA 23838 FEC ID number of contributing federal political committee. Name of Employer COMMONWEALTH ANESTHESIA ASSOCIATIS Receipt For: Primary General Other (specify) ▼ City State Zip Code IA SOCIATE ANESTHESIOLOGIST ASSOCIATE ASSOCIATE IA SOCIATE ASSOCIATE IA SOCIATE ASSOCIATE IA SOCIATE ASSOCIATE ASSOCI	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
FEC ID number of contributing federal political committee. Name of Employer COMMONW EALTH ANESTHESIA ASSOCIATIS Receipt For: Primary General Other (specify) ▼	ransaction ID: SA11AI.75717
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) SCOTT THOMPSON Mailing Address 1215 PLEASANT ST., #400 City State Zip Code DES MOINES IA 50309 FEC ID number of contributing federal political committee. Name of Employer ASSOCIATED ANESTHESIOLOGI- STS PC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) EUGENE TOLPIN Mailing Address 1309 OBERLIN RD., GREEN ACRES City State Zip Code Tity Mailing Address 1309 OBERLIN RD., GREEN ACRES City State Zip Code Tity WILMINGTON DE 19803 FEC ID number of contributing federal political committee. Name of Employer ANESTHESIOLOGIST ANESTHESIOLOGIST C C Coccupation ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST	amount of Each Receipt this Period 83.00
Primary Other (specify) ▼	
Mailing Address 1215 PLEASANT ST., #400 City State Zip Code IA 50309 FEC ID number of contributing federal political committee. Name of Employer ASSOCIATED ANESTHESIOLOGISTS PC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) EUGENE TOLPIN Mailing Address 1309 OBERLIN RD., GREEN ACRES City State Zip Code Time Milling Address 1309 OBERLIN RD., GREEN ACRES City State Zip Code Time Milling Address 1309 OBERLIN RD., GREEN ACRES City State Zip Code Time Milling Address 1309 OBERLIN RD., GREEN ACRES City State Zip Code Time Milling Address 1309 OBERLIN RD., GREEN ACRES City State Zip Code Time Milling Address 1309 OBERLIN RD., GREEN ACRES City State Zip Code Time Milling Address 1309 OBERLIN RD., GREEN ACRES City State Zip Code Time Milling Address 1309 OBERLIN RD., GREEN ACRES City State Zip Code Time Milling Address 1309 OBERLIN RD., GREEN ACRES City State Zip Code Time Milling Address 1309 OBERLIN RD., GREEN ACRES City State Zip Code Time Milling Address 1309 OBERLIN RD., GREEN ACRES City State Zip Code Time Milling Address 1309 OBERLIN RD., GREEN ACRES City State Zip Code Time Milling Address 1309 OBERLIN RD., GREEN ACRES City State Zip Code Time Milling Address 1309 OBERLIN RD., GREEN ACRES	
City State Zip Code DES MOINES IA 50309 FEC ID number of contributing federal political committee. Name of Employer ASSOCIATED ANESTHESIOLOGIST STS PC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) EUGENE TOLPIN Mailing Address 1309 OBERLIN RD., GREEN ACRES City State Zip Code WILMINGTON FEC ID number of contributing federal political committee. Name of Employer ANESTHESIOLOGIST C C Coccupation ANESTHESIOLOGIST C C	ate of Receipt
DES MOINES FEC ID number of contributing federal political committee. Name of Employer ASSOCIATED ANESTHESIOLOGIST ANESTHESIOLOGIST CReceipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) EUGENE TOLPIN Mailing Address 1309 OBERLIN RD., GREEN ACRES City State Zip Code Time Milling Federal political committee. Name of Employer ANESTHESIOLOGIST C C Coccupation ANESTHESIOLOGIST ANESTHESIOLOGIST C C C C C C C C C C C C C C C C C C C	M M / D D / Y Y Y Y Y O O O O O
FEC ID number of contributing federal political committee. Name of Employer ASSOCIATED ANESTHESIOLOGI-STS PC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) EUGENE TOLPIN Mailing Address 1309 OBERLIN RD., GREEN ACRES City State Zip Code Till MILMINGTON DE 19803 FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA SERVICES,P.A. Occupation ANESTHESIOLOGIST	ransaction ID: SA11AI.76283
RasoClated Anesthesiologists Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) EUGENE TOLPIN Mailing Address 1309 OBERLIN RD., GREEN ACRES City State Zip Code WILMINGTON DE 19803 FEC ID number of contributing federal political committee. Name of Employer ANESTHESIOLOGIST Occupation ANESTHESIOLOGIST ANESTHESIOLOGIST C Occupation ANESTHESIOLOGIST	mount of Each Receipt this Period
STS PC Receipt For:	500.00
Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) EUGENE TOLPIN Mailing Address 1309 OBERLIN RD., GREEN ACRES City State Zip Code WILMINGTON DE 19803 FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA SERVICES,P.A. Aggregate Year-to-Date ▼ 500.00 C C City Code Tity Coccupation ANESTHESIOLOGIST	
Other (specify) ▼ Full Name (Last, First, Middle Initial) EUGENE TOLPIN Mailing Address 1309 OBERLIN RD., GREEN ACRES City State Zip Code WILMINGTON DE 19803 FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA SERVICES,P.A. Occupation ANESTHESIOLOGIST	
EUGENE TOLPIN Mailing Address 1309 OBERLIN RD., GREEN ACRES City State Zip Code TI WILMINGTON DE 19803 FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA SERVICES, P.A. Occupation ANESTHESIOLOGIST	
City State Zip Code Ti WILMINGTON DE 19803 FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA SERVICES,P.A. Occupation ANESTHESIOLOGIST	Date of Receipt
WILMINGTON DE 19803 FEC ID number of contributing federal political committee. C Name of Employer ANESTHESIA SERVICES,P.A. Occupation ANESTHESIOLOGIST	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA SERVICES,P.A. Occupation ANESTHESIOLOGIST	ransaction ID: SA11AI.76428
Name of Employer ANESTHESIA SERVICES,P.A. Occupation ANESTHESIOLOGIST	mount of Each Receipt this Period
ANESTHESIOLOGIST	250.00
Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	833.00

or for commerc	n copied from such Reports and Si			13 14 15 16 17
\	COMMITTEE (In Full)	tatements may name and add	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
AMERICA	AN SOCIETY OF ANESTHES	SIOLOGISTS	POLITICAL ACTION COM	MITTEE
DONALD TO				Date of Receipt
	dress 4135 TARTAN LN.		7: 0 1	07 29 2009
City HOUSTO	N .	State TX	Zip Code 77025	Transaction ID: SA11AI.76720 Amount of Each Receipt this Period
	mber of contributing tical committee.	С		250.00
Name of Er GREATER OLOGY	mployer I HOUSTON ANESTHESI-	Occupation PHYSICI/		
Receipt For Prima		Aggregate	Year-to-Date ▼ 250.00	
Full Name (Date of Receipt
Mailing Add	dress 3618 SUNSET POINT	DR.		07 27 YYYY 2009
City	W.1.E	State	Zip Code	Transaction ID: SA11AI.76611
GAINES\ FEC ID nur federal polit	mber of contributing tical committee.	GA	30506	Amount of Each Receipt this Period 500.00
Name of Er SELF-EMP	mployer LOYED	Occupation ASSOCIA	ATE EXECUTIVE	
Receipt For Prima		Aggregate	Year-to-Date ▼ 500.00	
	(Last, First, Middle Initial) HER TROIANOS			Date of Receipt
Mailing Add	dress 427 HEIGHTS DR			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City GIBSONI	Δ	State PA	Zip Code 15044	Transaction ID: SA11AI.75699 Amount of Each Receipt this Period
FEC ID nur	mber of contributing tical committee.	C	13044	83.00
<u>ITAL DEP</u>			ESIOLOGIST	
Receipt For Prima		Aggregate	Year-to-Date ▼ 581.00	
SUBTOTAL	of Receipts This Page (optional)		I	833.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 115 / 139 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTH	HESIOLOGISTS POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) ROBERT TUBBEN		Date of Receipt
Mailing Address 1984 BELWOOD D		07 13 7 2009
City OKEMOS	State Zip Code MI 48864	Transaction ID: SA11AI.76109 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer LAPC	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) CANNON TURNER		Date of Receipt
Mailing Address 531 GAY ST THE HOLSTON #10		07 16 2009
City KNOXVILLE	State Zip Code TN 37902	Transaction ID: SA11AI.76198 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 37502	500.00
Name of Employer FORT SANDERS ANESTHESIA GROUP	Occupation MEDICAL DOCTOR - ANESTHESIO	LOGIST
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) BENJAMIN UNGER		Date of Receipt
Mailing Address 622 WEST 168TH S	ST., PH5-505	07 01 YYYY 2009
City NEW YORK	State Zip Code NY 10032	Transaction ID: SA11AI.75689
FEC ID number of contributing federal political committee.	NY 10032	Amount of Each Receipt this Period 41.00
Name of Employer COLUMBIA UNIVERSITY MEDIC- AL CENTER DEP	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 287.00	
SUBTOTAL of Receipts This Page (optional	l)	1041.00
TOTAL This Period (last page this line numl	,	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 116 / 139 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)		person for the purpose of soliciting contributions see to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	SIOLOGISTS POLITICAL ACTION C	OMMITTEE
TIMOTHY VALEK Mailing Address 6829 WESTLAKE AV	E.	Date of Receipt 0 7 2 7 2 0 0 9
City DALLAS	State Zip Code TX 75214	Transaction ID: SA11AI.76624 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer PINNACLE PARTNERS IN MEDI- CINE	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DAVID VARLOTTA		Date of Receipt
Mailing Address 1303 BAYSHORE BL	VD.	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: SA11AI.75701
TAMPA FEC ID number of contributing federal political committee.	FL 33606	Amount of Each Receipt this Period 83.00
Name of Employer UNICOM ANESTHESIA	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 332.00	
Full Name (Last, First, Middle Initial) THOMAS VERDONE		Date of Receipt
Mailing Address 27 CRYSTAL RIDGE	DR.	07 26 2009
City SOUTH GLASTONBURY	State Zip Code CT 06073	Transaction ID: SA11AI.76573 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer MILFORD ANESTHESIA ASSOCI- ATES	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	•	833.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 117 / 139 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persorne name and address of any political committee to see SIOLOGISTS POLITICAL ACTION COMM	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) HECTOR VILA	JTHER KING JR ST N State Zip Code FL 33701 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 498.00	Date of Receipt M M D D D 2 0 0 9 Transaction ID: SA11AI.75726 Amount of Each Receipt this Period 83.00
Full Name (Last, First, Middle Initial) J. MICHAEL VOLLERS Mailing Address 800 MARSHALL ST. SLOT 203, S-319 City LITTLE ROCK FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF ARKANSAS FOR MEDICAL SCI Receipt For: Primary General Other (specify)	State Zip Code AR 72202 C Occupation PROFESSOR OF ANESTHESIOLOG Aggregate Year-to-Date 581.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) JEFFREY WAGNER Mailing Address 30 DAVIS HILL RD. City WESTON FEC ID number of contributing federal political committee. Name of Employer MILFORD ANESTHESIA ASSOC., P.C. Receipt For: Primary General Other (specify)	State Zip Code CT 06883 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	Date of Receipt M M J Z 7 Z 0 0 9 Transaction ID: SA11AI.76599 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	666.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 118 / 139 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to HESIOLOGISTS POLITICAL ACTION COM	o solicit contributions from such committee.
	TESTOLOGISTS FOLITIOAL ACTION COM	
Full Name (Last, First, Middle Initial) DAN WAJSMAN Mailing Address 5419 LOCKSLEY A	AVF	Date of Receipt
City	State Zip Code	0 7 1 0 2 0 0 9 Transaction ID: SA11AI.76021
OAKLAND	CA 94618	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer MEDICAL ANESTHESIA CONSUL- TANTS	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MARSHA WAKEFIELD		Date of Receipt
Mailing Address 619 19TH ST S		07 07 2009
City	State Zip Code	Transaction ID: SA11AI.75770
BIRMINGHAM	AL 35249	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer UNIVERSITY OF ALABAMA IN BIRMINGHAM	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) TERRY WALDMAN		Date of Receipt
Mailing Address 5317 PINE ST		07 23 7 2009
City	State Zip Code	Transaction ID: SA11AI.76486
BELLAIRE	TX 77401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer GREATER HOUSTON ANESTHESI- OLOGY	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SURTOTAL of Receipts This Page (option:	al)	1000.00

	ILE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 119 / 139 (check only one) X
NAME OF	COMMITTEE (In Full)			on for the purpose of soliciting contributions o solicit contributions from such committee.
	AN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
JAMES W				Date of Receipt
City	ldress 120 NW 14TH, SUITE	= 300 State	Zip Code	0 7 1 7 2 0 0 9 Transaction ID: SA11AI.76305
PORTLA	AND	OR	97209	Amount of Each Receipt this Period
	umber of contributing litical committee.	C		500.00
Name of E OAG	Employer	Occupatio ANESTH	n IESIOLOGIST	
Receipt Fo		- '	e Year-to-Date ▼ 500.00	
Full Name	(Last, First, Middle Initial) DOFF			Date of Receipt
Mailing Ad	ldress 3939 J ST , SUITE 31	0		07 19 2009
City	45.450	State	Zip Code	Transaction ID: SA11AI.76322
SACRAN	MENTO umber of contributing	CA	95819	Amount of Each Receipt this Period
federal pol	litical committee.	C		500.00
ICAL GRO		Occupatio ANESTH	n IESIOLOGIST	
Receipt Fo		Aggregate	e Year-to-Date ▼ 500.00	1
	(Last, First, Middle Initial)	0 0	0 0 0 0 0 0 0 0	
LEE WESI				Date of Receipt
Mailing Ad	ldress 55 SESSIONS ST			07 17 2009
City	ENCE	State	Zip Code	Transaction ID: SA11AI.76249
	umber of contributing litical committee.	C	02906	Amount of Each Receipt this Period 250.00
Name of E PROVIDE STS, INC	Employer ENCE ANESTHESIOLOGI-	Occupatio ANESTH	n IESIOLOGIST	
Receipt Fo	or:	Aggregate	e Year-to-Date ▼ 250.00	
CURTOTAL	of Receipts This Page (optional) .			1250.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 120 / 139 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
1 \	THESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) DONALD WESTHEIMER Milling Address - 0510 TARTANIA		Date of Receipt
Mailing Address 3510 TARTAN LN		07 23 2009
City HOUSTON	State Zip Code TX 77025	Transaction ID: SA11AI.76458 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SELF	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ROBERT WHITE	I Dure	Date of Receipt
Mailing Address 801 MARTIN MIL	L PIKE	07 24 2009
City	State Zip Code	Transaction ID: SA11AI.76528
ROCKFORD FEC ID number of contributing federal political committee.	TN 37853	Amount of Each Receipt this Period 500.00
Name of Employer AMAET	Occupation MD	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) BRIAN WILDER		Date of Receipt
Mailing Address PO BOX 36351		07 29 2009
City CHARLOTTE	State Zip Code NC 28236	Transaction ID: SA11AI.76714 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SOUTHEAST ANESTHESIOLOGY CONSULTANTS	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optio	nal)	1000.00
TOTAL This Period (last page this line nu	imber only)	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedu for each category of Detailed Summary P	the Circuit only only
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	he name and address of any political con	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) GISELE WILKE Mailing Address 6839 S CANTON AV City TULSA FEC ID number of contributing federal political committee. Name of Employer ASSOC ANESTH Receipt For: Primary General Other (specify)	State Zip Code OK 74136 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	Date of Receipt O 7
Full Name (Last, First, Middle Initial) CHARLES WILLIAMS Mailing Address 503 CHESHIRE DR. City KNOXVILLE FEC ID number of contributing federal political committee. Name of Employer AMAET Receipt For: Primary General Other (specify)	State Zip Code TN 37919 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	Date of Receipt O 7
Full Name (Last, First, Middle Initial) FRANKLIN WILLIAMS Mailing Address 1410 BLANDING ST City COLUMBIA FEC ID number of contributing federal political committee. Name of Employer NSF CHECK Receipt For: Primary General Other (specify)	State Zip Code SC 29201 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date -500	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		250.00

-	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and State	rements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 122 / 139 (check only one) X
	or for commercial purposes, other than using the na NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIC Full Name (Last, First, Middle Initial)	ame and ado	lress of any political committee to	solicit contributions from such committee.
Α.	JAMES WILLIAMS Mailing Address 303 3RD ST APT 409			Date of Receipt 0 7
	City	State	Zip Code	Transaction ID: SA11AI.76056
	CAMBRIDGE FEC ID number of contributing federal political committee.	C	02142	Amount of Each Receipt this Period 250.00
	Name of Employer MASSACHUESETTS GENERAL HO- SPITAL Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation PHYSICI. Aggregate		
В.	Full Name (Last, First, Middle Initial) ROLFE WILLIAMS Mailing Address 4518 AMBLE OAK CT.			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City HOUSTON	State TX	Zip Code 77059	Transaction ID: SA11AI.76579 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer GREATER HOUSTON ANESTHESI- OLOGY Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		ESIOLOGIST Year-to-Date 250.00	
С.	Full Name (Last, First, Middle Initial) CARL WILSON Mailing Address 1899 W 1380 N			Date of Receipt
	City PROVO	State UT	Zip Code 84604	Transaction ID: SA11AI.76540 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer MOUNTAIN WEST ANESTHESIA	Occupation ANESTH	n ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 123 / 139 (check only one) X
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	ne name and ad	dress of any political committee to	o solicit contributions from such committee.
		SIOLOGIST	STOLITIOAL ACTION CON	
۱.	Full Name (Last, First, Middle Initial) GLENN WOODS Mailing Address 1956 STONERIDGE	DR		Date of Receipt
	City	State	Zip Code	07 20 2009
	City AUBURN	AL	36830	Transaction ID: SA11AI.76362 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer ANESTHESIA ASSOC OF EAST ALA	Occupation ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
. –	Full Name (Last, First, Middle Initial) NAIXING WU	<u> </u>		Date of Receipt
	Mailing Address 14807 FLINT BRIDG	E CT		07 30 YYYY 2009
	City	State	Zip Code	Transaction ID: SA11AI.76759
	SUGAR LAND	TX	77498	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer GREATER HOUSTON ANESTHESI- OLOGY, P.A.	-, '	IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) CHAHINE YAMINE			Date of Receipt
	Mailing Address 1227 EARNESTINE S	STREET		07 01 2009
	City	State	Zip Code	Transaction ID: SA11AI.75736
	MC LEAN	VA	22101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.00
	Name of Employer DOMINION ANESTHESIA PLLC	Occupation PHYSIC	IAN	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 581.00	
	SUBTOTAL of Receipts This Page (optional)	•		1083.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 124 / 139 (check only one) X
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	MITTEE
۷.	Full Name (Last, First, Middle Initial) FRANK YANG			Date of Receipt
	Mailing Address 1 RAYDON LN.			07 22 2009
	City HOUSTON	State TX	Zip Code 77024	Transaction ID: SA11AI.76408 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	77027	250.00
	Name of Employer GHA	Occupatio ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- 3.	Full Name (Last, First, Middle Initial) SHERIF ZAAFRAN			Date of Receipt
	Mailing Address 1225 TURNBURY OA	AK ST.		07 28 2009
	City	State	Zip Code	Transaction ID: SA11AI.76710
	HOUSTON FEC ID number of contributing federal political committee.	C	77055	Amount of Each Receipt this Period 1000.00
	Name of Employer GREATER HOUSTON ANESTHESI- OLOGY	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
_	Full Name (Last, First, Middle Initial) VICTORIA ZAVALA			Date of Receipt
	Mailing Address 1502 CALIFORNIA S	T		$\begin{bmatrix} & M & M & / & D & D & / & Y & Y & Y & Y \\ 0 & 7 & & 2 & 4 & & & 2 & 0 & 0 & 9 \end{bmatrix}$
	City	State	Zip Code	Transaction ID: SA11AI.76530
	HOUSTON FEC ID number of contributing federal political committee.	C	77006	Amount of Each Receipt this Period 250.00
	Name of Employer GREATER HOUSTON ANESTHESI- OLOGY	Occupatio ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1500.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 125 / 139 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or fo	rinformation copied from such Reports and Sor commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
)	AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
١ا	Full Name (Last, First, Middle Initial)			Date of Receipt
-	Mailing Address 4076 19TH STREET	Ctata	7:- Onda	07 10 2009
	City SAN FRANCISCO	State CA	Zip Code 94114	Transaction ID: SA11AI.75887 Amount of Each Receipt this Period
ı	FEC ID number of contributing rederal political committee.	C		250.00
<u>.</u> !	Name of Employer NORTHERN CA ANESTHESIA PH- YSICIANS	Occupation ANESTH	n IESIOLOGIST	
ſ	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) JOHN ZELISKO			Date of Receipt
	Mailing Address 11 HILLWOOD CT.			07 13 7 2009
	City	State	Zip Code	Transaction ID: SA11AI.76088
- I	COLUMBIA FEC ID number of contributing ederal political committee.	SC C	29204	Amount of Each Receipt this Period 250.00
<u> </u>	Name of Employer ANESTHESIOLOGY CONSULTANTS OF COLUMBIA	Occupation ANESTH	n IESIOLOGIST	
I	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) STEVEN ZINN			Date of Receipt
ı	Mailing Address 3705 MEDICAL PKW	Y., SUITE 57	70	07 09 YYYY 2009
	City AUSTIN	State TX	Zip Code	Transaction ID: SA11AI.75829
- I	FEC ID number of contributing rederal political committee.	C	78705	Amount of Each Receipt this Period 250.00
	Name of Employer CAPITOL ANESTHESIOLOGY AS- SOC.	Occupation PHYSICI		
ſ	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SII	BTOTAL of Receipts This Page (optional) .	1		750.00

A.

PAGE 126 / 139 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) DAVID ZUCKER Date of Receipt Mailing Address 5304 EAGLE RIDGE LN 07 09 2009 City State Zip Code Transaction ID: SA11AI.75865 **SYLVANIA** OH 43560 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer ANESTHESIOLOGY CONSULTANTS OF TOLEDO Occupation **ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date General Primary 250.00 Other (specify) Full Name (Last, First, Middle Initial) В. JONATHAN ZUCKER Date of Receipt Mailing Address 1612 SAINT GREGORY DRIVE 07 01 2009 City Transaction ID: SA11AI.75712 State Zip Code LAS VEGAS NV 89117 Amount of Each Receipt this Period FEC ID number of contributing C 83.00 federal political committee. Name of Employer UNITEDHEALTH Occupation **ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date Primary General

		333.00
SUBTOTAL of Receipts This Page (optional)		333.00
TOTAL This Period (last page this line number only)	•	138182.00

498.00

Other (specify)

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate for each cate Detailed Sum	gory of the (FOR LIN (check of 11 13	nly o	-		PAGE 1c 5	127 / 1 12 16	139
	Any information copied from such Reports and S or for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL	ACTION COMI	MITTEE						
Α.	Full Name (Last, First, Middle Initial) NORTHERN TRUST CO				Date	of Re	eceipt				
	Mailing Address 50 S LASALLE				м 0 7		3			0 0 9	
	City	State	Zip Code		Trans	actio	on ID: S	SA17	.76855	5	
	CHICAGO	IL	60675		Amo	unt of	Each F	Receip	t this P	eriod	
	FEC ID number of contributing federal political committee.	C					-			59.42	
	Name of Employer	Occupation	n] INTE	KES	T INCC	JME			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date	3006.15							

SUBTOTAL of Receipts This Page (optional)	•	59.42
TOTAL This Period (last page this line number only)	<u> </u>	59.42

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s	(check or	E NUMBER: PAGE 128 / 139
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29 3
	y Information copied from such Reports and Stator commercial purposes, other than using the na			
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIC			
<u> </u>	Full Name (Last, First, Middle Initial) BLUMENAUER FOR CONGRESS			Transaction ID: SB23.75647 Date of Disbursement
	Mailing Address 830 NE HOLLADAY #	105		077 / 15 / Y 2009
	City PORTLAND	State Zip Code OR 97232		Amount of Each Disbursement this Period
	Purpose of Disbursement			1000.00
	Candidate Name		Category/ Type	
	Senate President	rsement For: 2010 X Primary General Other (specify)		
	State: OR District: 03 Full Name (Last, First, Middle Initial)			Transaction ID: SB23.75678
	BLUMENAUER FOR CONGRESS			Date of Disbursement O 7 D D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 830 NE HOLLADAY #			07 29 7 2009
	City PORTLAND	State Zip Code OR 97232	_	Amount of Each Disbursement this Period
	Purpose of Disbursement			3500.00
	Candidate Name		Category/ Type	
	Office Sought: X House Senate President State: OR District: 03	rsement For: 2010 X Primary General Other (specify) ▼		
	Full Name (Last, First, Middle Initial) BRIAN BILBRAY FOR CONGRESS			Transaction ID: SB23.75642 Date of Disbursement
	Mailing Address 2466 UNICORNIO ST			077 / 15 / 2009
	City CARLSBAD	State Zip Code CA 92009		Amount of Each Disbursement this Period
	Purpose of Disbursement			2000.00
	Candidate Name		Category/ Type	
	Office Sought: X House Senate President State: CA District: 50	rsement For: 2010 X Primary General Other (specify)	•	
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II EMIZEN NICOHDCEMENTO	Use separate schedule(s	(check on	lly one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29
Any Information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and address of any politica	al committee to s	olicit contributions from such committee
Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS Mailing Address P.O. BOX 17813			Transaction ID: SB23.75667 Date of Disbursement O 7
City RICHMOND Purpose of Disbursement	State Zip Code VA 23226		Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
Office Sought: X House Senate President State: VA District: 07	ursement For: 2010 X Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) CARNAHAN FOR CONGRESS Mailing Address 7370 MANCHESTER	RD #20		Transaction ID: SB23.75643 Date of Disbursement 0 7 M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City ST LOUIS Purpose of Disbursement	State Zip Code MO 63143		Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
Office Sought: X House Senate President State: MO District: 03	ursement For: 2010 X Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) CASTOR FOR CONGRESS			Transaction ID: SB23.75648 Date of Disbursement
Mailing Address 301 W PLATT ST #3			07 15 2009
City TAMPA	State Zip Code FL 33606	1	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Candidate Name		Category/ Type	1,000,000
Senate President	ursement For: 2010 X Primary General Other (specify)		
State: FL District: 11			

	ENIZED DISDURATION	Use separate schedule(s)	, [R LINE eck only	NUMBE / one)	H:		[P/	AGE	130 /	139
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		À	21b 27	22 28a	2	23 28b	24 28c		25 29	26 30k
	y Information copied from such Reports and State for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIC	me and address of any politica	l com	mitte	e to so	licit contr						
<u> </u>	Full Name (Last, First, Middle Initial) CHARLES GONZALEZ CONGRESS CA Mailing Address PO BOX 12612	MPAIGN				Date		n ID: bursem			68 0 0 9	Y
	City SAN ANTONIO Purpose of Disbursement	State Zip Code TX 78212		U	_	Amou	nt of E	Each D	isburse	-	this P	eriod
	Candidate Name			atego Type								
		sement For: 2010 X Primary General Other (specify)										
В.	Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE Mailing Address PO BOX 1776					Date		n ID: bursem			61 0 0 9	Y
	City FREEDOM Purpose of Disbursement	State Zip Code PA 15042				Amou	nt of E	Each D	visburse		this P	eriod
	9 1	sement For: 2010 X Primary General Other (specify)		atego Type	-							
C.	Full Name (Last, First, Middle Initial) CMTE FOR THE PRESERVATION OF C	APITALISM				Date		n ID: bursen) /		65 0 0 9	Y
	Mailing Address PO BOX 65314 City WASHINGTON	State Zip Code DC 20035				-	nt of E		isburse	ement	this P	
	Purpose of Disbursement 2009 CONTRIBUTION Candidate Name			atego Type		<u></u>	•			100	00.00	
	Senate	sement For: 2009 Primary General X Other (specify)										
s	UBTOTAL of Disbursements This Page (optional)			<u> </u>		•			350	0.00	·
Т	OTAL This Period (last page this line number onl	y)			•							

		Use separate schedule(s)			PR LINE reck only		H:			PAGE	131 /	139
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		À	21b 27	22 28a		23 28b	24 28	С	25 29	26 30b
	ny Information copied from such Reports and Staten for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL	e and address of any politica	l com	mitt	ee to sol	icit contr						
<u>∠</u> A .	Full Name (Last, First, Middle Initial) CULBERSON FOR CONGRESS Mailing Address P.O. BOX 41964					Trans Date o	of Dis	burse			664 2 0 0 9	Y
	City HOUSTON Purpose of Disbursement	State Zip Code TX 77241				Amou	nt of	Each	Disbur		nt this P	
	Senate X	ement For: 2010 Primary General		ateg Typ	ory/ e							
В.	State: TX District: 07 Full Name (Last, First, Middle Initial) DUTCH RUPPERSBERGER FOR CONGRAMAIling Address 22 W PADONIA RD #C1					Trans Date o	of Dis	sburse			550 2 0 ŏ 9	Y
	City TIMONIUM Purpose of Disbursement Candidate Name	State Zip Code MD 21093		_	ory/	Amou	nt of	Each	Disbur		nt this P	
	9 1	ement For: 2010 Primary General Other (specify)		Тур	е							
C.	Full Name (Last, First, Middle Initial) ENGEL FOR CONGRESS Mailing Address 462 CALIFORNIA RD					Date of		burse	SB2 ment 5		641 2 0 ŏ 9	Y
	City BRONXVILLE Purpose of Disbursement	State Zip Code NY 10708			_	Amou	nt of	Each	Disbur		nt this P	-
	Candidate Name	2010		ateg Typ	ory/							
	X X	ement For: 2010 Primary General Other (specify)										
9	SUBTOTAL of Disbursements This Page (optional)				<u> </u>				-	45	00.00	i
1	TOTAL This Period (last page this line number only)				•							

SCHEDULE B (FEC F	′ Use s	eparate schedule(s)	FOR LINE (check onl	NUMBER: PAGE 132 / 139
ITEMIZED DISBURSE	EMENTS for ear Details	ch category of the ed Summary Page	21b 27	22 X 23 24 25 28 28 28c 29
				for the purpose of soliciting contributions plicit contributions from such committee
NAME OF COMMITTEE (In F AMERICAN SOCIETY OF	ull)			
Full Name (Last, First, Middle FLEMING FOR CONGRE	•			Transaction ID: SB23.75644 Date of Disbursement
Mailing Address 2501 W	ISCONSIN AVE NW #30)4		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 7 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 5 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
City WASHINGTON	State DC	Zip Code 20007		Amount of Each Disbursement this Period
Purpose of Disbursement				1000.00
Candidate Name			Category/ Type	
Office Sought: X House Senate Preside State: LA District: 04	ent Other (s			
Full Name (Last, First, Middle FRIENDS OF BILL POSE	Initial)			Transaction ID: SB23.75675 Date of Disbursement
Mailing Address 1824 S	FISKE BLVD			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 2 & D \\ 2 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
City ROCKLEDGE	State FL	Zip Code 32955		Amount of Each Disbursement this Period
Purpose of Disbursement			· · ·	3000.00
Candidate Name			Category/ Type	
Office Sought: X House Senate Preside State: FL District: 1	ent Other (
Full Name (Last, First, Middle FRIENDS OF ERIK PAUL	Initial)			Transaction ID: SB23.75663 Date of Disbursement
Mailing Address PO BOX	(44369			$ \begin{bmatrix} M & M & M \\ O & T & M \end{bmatrix} / \begin{bmatrix} D & D & D \\ D & D & D \end{bmatrix} / \begin{bmatrix} Y & Y & O & O & O \end{bmatrix} $
City EDEN PRAIRIE	State MN	Zip Code 55344		Amount of Each Disbursement this Period
Purpose of Disbursement				1000.00
Candidate Name			Category/ Type	
Office Sought: X House Senate Preside	ent Other (s			
OLI MAN BUILD OF				I.
State: MN District: 03	3			

ITELUSED BIGBLIBGETTES	Use separate schedule(s	(check only	NUMBER: PAGE 133 / 139 vone)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30
Any Information copied from such Reports and State or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIGN.	ame and address of any politica	l committee to so	licit contributions from such committee
Full Name (Last, First, Middle Initial) FRIENDS OF JOHN MCCAIN INC Mailing Address PO BOX 16664 City ARLINGTON Purpose of Disbursement	State Zip Code VA 22215		Transaction ID: SB23.75639 Date of Disbursement M M M M M M M M M M M M M M M M M M M
Candidate Name Office Sought: House Disbu X Senate President State: AZ District:	rsement For: 2010 X Primary General Other (specify)	Category/ Type	
Full Name (Last, First, Middle Initial) GEORGIANS FOR ISAKSON Mailing Address 900 19TH ST NW 8TH	FLOOR		Transaction ID: SB23.75676 Date of Disbursement
City WASHINGTON Purpose of Disbursement Candidate Name Office Sought: House X Senate President State: GA District:	State Zip Code DC 20006 rsement For: 2010 X Primary General Other (specify)	Category/ Type	Amount of Each Disbursement this Period 1500.00
Full Name (Last, First, Middle Initial) GEORGIANS FOR ISAKSON Mailing Address 900 19TH ST NW 8TH City WASHINGTON Purpose of Disbursement Candidate Name Office Sought: House X Senate President	State Zip Code DC 20006 State Zip Code 20006 resement For: 2010 X Primary General Other (specify)	Category/ Type	Transaction ID: SB23.75684 Date of Disbursement M 7 M / D 2 9 / Y 2 0 0 9 Y Amount of Each Disbursement this Period
State: GA District: SUBTOTAL of Disbursements This Page (options)	(H	>	4500.00

SCHEDULE B (FEC Form 3	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMEN		(check only 21b 27	22 X 23 24 25 26 28a 28b 28c 29 30
Any Information copied from such Reports or for commercial purposes, other than usin			
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANES	THESIOLOGISTS POLITICAL AC	TION COMMI	TTEE
Full Name (Last, First, Middle Initial) A. GUTHRIE FOR CONGRESS			Transaction ID: SB23.75682 Date of Disbursement
Mailing Address PO BOX 9639			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{bmatrix} \ ^{\prime} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 9 \end{bmatrix} \ ^{\prime} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & Y \\ 2 & 0 & 0 & 9 & Y \end{bmatrix}$
City BOWLING GREEN	State Zip Code KY 42102		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement			300.00
Candidate Name		Category/ Type	
Office Sought: X House Senate President	Disbursement For: 2010 X Primary General Other (specify)		
State: KY District: 02 Full Name (Last, First, Middle Initial)			
GUTHRIE FOR CONGRESS			Transaction ID: SB23.75683 Date of Disbursement
Mailing Address PO BOX 9639			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D & D \\ 2 & 9 \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Q & Q & Q \\ 2 & 0 & Q & 9 \end{bmatrix} $
City BOWLING GREEN	State Zip Code KY 42102		Amount of Each Disbursement this Period
Purpose of Disbursement		, ,	500.00
Candidate Name		Category/ Type	
Office Sought: X House Senate President State: KY District: 02	Disbursement For: 2010 Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial) JOHN SHADEGGS FRIENDS			Transaction ID: SB23.75646 Date of Disbursement
Mailing Address P.O. BOX 4544	4		$\begin{bmatrix}\begin{smallmatrix}M\\O\end{smallmatrix}7^M\end{bmatrix}^M\begin{bmatrix}\begin{smallmatrix}D\\I\end{smallmatrix}1^D\\5\end{bmatrix}^M\begin{bmatrix}\begin{smallmatrix}Y\\I\end{smallmatrix}2^Y\\0^Y\\0^Y\end{bmatrix}^Y$
City PHOENIX	State Zip Code AZ 85064		Amount of Each Disbursement this Period
Purpose of Disbursement		0 0	1000.00
Candidate Name		Category/ Type	
Office Sought: X House Senate President	Disbursement For: 2010 X Primary General Other (specify) ▼		
State: AZ District: 03			
SUBTOTAL of Disbursements This Page	(optional))	2000.00
TOTAL This Period (last page this line nu	mber only)		

Any Information copied from such Reports and Stat or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIC Full Name (Last, First, Middle Initial) LATHAM FOR CONGRESS Mailing Address P.O. BOX 71 City CLARION	Detailed Tements may name and addre	ss of any political	d by an	ittee to sol	22 28a or the purpicit contribution of the purpicit contribution of the purpicit contribution of the purpicit contribution of the purpicity of	outions fro	SB23.7	75679 2 0 0 9	2 3 3 3 Y
or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIC Full Name (Last, First, Middle Initial) LATHAM FOR CONGRESS Mailing Address P.O. BOX 71 City	DLOGISTS I	ss of any political POLITICAL AC	comm	y person fo	TTEE Transa Date of	oction ID:	SB23.7	rtributions ommittee	
AMERICAN SOCIETY OF ANESTHESIC Full Name (Last, First, Middle Initial) LATHAM FOR CONGRESS Mailing Address P.O. BOX 71 City	State	Zip Code	TION	COMMI	Transa Date of	Disburse / D 2	ment 9 / Y	ž 0 0 9	Y
LATHAM FOR CONGRESS Mailing Address P.O. BOX 71 City					Date of 0 7	Disburse / D 2	ment 9 / Y	ž 0 0 9	Y
City					Amoun	t of Each	Disburser		
CLARION	IA	50525	_					nent this P	eriod
Purpose of Disbursement				•				2000.00	
Candidate Name				egory/ ype					
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Full Name (Last, First, Middle Initial) MAKING BUSINESS EXCEL PAC					Date of	ction ID: Disburse	ment		
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